



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC _____ Approval of Requests from Board Members in re: Use of Board of Trustees Discretionary

Funds for Various Projects/Campuses _____

SUBMITTED BY: Judd Gilpin _____ **OF:** Board President _____

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____ April 15, 2014 _____

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees approve Requests from Board Members in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2013-2014

Requesting Campus: Col. Santos Benavides School

Campus Principal: Dr. Myrtha Villarreal

Board Member: Mr. Montemayor

Board Member: _____

Description of Request: 4th grade Sea World field trip - buses

Estimated Cost of Request \$500.00

Principal or Director Signature: Myrtha Villarreal Date 3-31-14

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Approval: Yes _____ No _____ Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2013-2014

Requesting Campus: John B. Alexander High School

Campus Principal: Dolores W. Barrera

Board Member: Ms. Pat Campos

Board Member: _____

Description of Request: Charter bus for AHS Cheerleaders (San Antonio)

Estimated Cost of Request ^{\$ 2,100.00} ~~\$2,050.00~~

Principal or Director Signature: D. Barrera Date 2-12-14

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Member Approval: Yes _____ No _____

Board Member Signature: _____ Date _____

Board Approval: Yes _____ No _____ Date Approved: _____

Please return the completed form to the Superintendent's Office for final processing.

