



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

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

Funds for Various Projects/Campuses

SUBMITTED BY: Ramiro Veliz, III **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: January 22, 2020

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 Various Projects/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

POLICY REFERENCE & COMPLIANCE:



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Exhibit A

Requesting Campus: ALEXANDER HIGH SCHOOL

Campus Principal: ERNESTO SANDOVAL

Originator's Email:

Board Member: RICARDO "RICK" RODRIGUEZ

Board Member:

Board Member:

Description of Request: ALEXANDER HIGH SCHOOL BAND CONSULTANT

Estimated Cost of Request: \$2,467.00

Principal or Director Signature: [Signature] Date: 1/10/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: [Signature] Date: 1-8-20

BOARD MEMBER APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date:

BOARD APPROVAL DATE:

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



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Exhibit A

* AMENDMENT

Requesting Campus: United South Middle School

Campus Principal: Carlos Valdez

Originator's Email: Erika.gil@uisd.net

Board Member: Ricardo "Rick" Rodriguez

Board Member: _____

Board Member: _____

Description of Request: Original donation request was for payment of banners. However, we will not be able to use the monies because the vendor was not an approved vendor. The money will be used to cover pre-game meals.

Estimated Cost of Request: \$ 1,000.00

Principal or Director Signature: [Signature] Date: 1/13/2020

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: Priselda V. Rodriguez for Mr. Ricardo Rodriguez Date: 1/13/2020
* Previously approved by Board

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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