



# UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

**TOPIC:** Approval of Request(s) from Board Member(s) in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses

**SUBMITTED BY:** Juan Roberto Ramirez **OF:** Board President

**APPROVED FOR TRANSMITTAL TO SCHOOL BOARD:** \_\_\_\_\_

**DATE ASSIGNED FOR BOARD CONSIDERATION:** April 18, 2018

**RECOMMENDATION:**

It is recommended that the United ISD Board of Trustees approve Request(s) from Board Member(s) in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses

**RATIONALE:**

**BUDGETARY INFORMATION:**

Budget Amendment as needed

**POLICY REFERENCE & COMPLIANCE:**



Exhibit A

United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2017-2018

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: MR. ARMANDON SALAZAR

Board Member: RAMIRO VELIZ III

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: MONEY NEEDED TO COVER THE COST OF STUDENTS WHO ARE RETESTING THE TSI EXAM FOR EARLY COLLEGE.

Estimated Cost of Request: \$1000.00

Principal or Director Signature: *Armandon Salazar* Date: 4/3/17

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_  
Signature: Ramiro Veliz III by A. Salazar Date: 4/5/18

BOARD MEMBER APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD APPROVAL DATE: \_\_\_\_\_



Exhibit A

United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2017-2018

Requesting Campus: John W. Arndt

Campus Principal: Juanita Zepeda

Board Member: Rick Rodriguez

Board Member: \_\_\_\_\_

Description of Request: Inflatables for Incentives to Perfect Attendance ~~se~~ Fun Fest set for April 24, 2018

Estimated Cost of Request: \$ 1000.00

Principal or Director Signature: [Signature] Date: 2/26/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No

Signature: [Signature] Date: 2/26/18

BOARD MEMBER APPROVAL: Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD APPROVAL DATE: \_\_\_\_\_

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 2017-2018

Requesting Campus: USHS  
Campus Principal: Adriana Ramirez  
Board Member: Ricardo Kirk Rodriguez \$1500  
Board Member: Ramiro Veliz \$1,500  
Board Member: \_\_\_\_\_  
Description of Request: USHS Girls Softball

Estimated Cost of Request: \$3,000  
Principal or Director Signature: Adriana Ramirez Date: 3/8/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_  
Signature: Ricardo Rodriguez by A. Salinas Date: 4/5/18

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_  
Signature: Ramiro Veliz III by A. Salinas Date: 4/5/18

BOARD MEMBER APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD APPROVAL DATE: \_\_\_\_\_



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2017-2018

Requesting Campus: J.B.J. MULLER ELEMENTARY

Campus Principal: Mayra N. Ramirez

Board Member: Roberto Ramirez

Board Member: \_\_\_\_\_

Board Member: \_\_\_\_\_

Description of Request: Homework planners for students to keep them organized and have communication/ documentation with parents thru the planners since students and parents sign the planner on a daily basis.

Estimated Cost of Request: \$2,812.50

Principal or Director Signature: Mayra Ramirez Date: 3/22/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

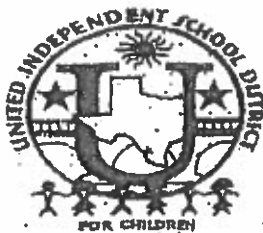
BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_  
Signature: Juan R. Ramirez by A. Salinas Date: 4/5/18

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.

Entered \_\_\_\_\_ REQ# \_\_\_\_\_ PO# \_\_\_\_\_ Bld # \_\_\_\_\_



# UNITED INDEPENDENT SCHOOL DISTRICT Purchase Requisition

Page 1 to 1

## Vendor Name and Address

V# 12651

School Mate  
D.O. Box 2110  
Keavney, NE 68848  
 Phone No: 1-800-516-8339  
 Campus: Muller Elem Rm NO: Office  
 Date: \_\_\_\_\_

FUND/YR FUND	DRG.	PROGRAM CODE	LOCAL CODE	PROJECT OPTION	PROJECT NUMBER	OBJECT	SUB OBJECT	AMOUNT

BUDGET CODE

ACCOUNT CODE

QTY	ITEM #	DESCRIPTION	UNITED PRICE WITH DISCOUNT	EXTENSION
		2018-2019 Student Planners		
250	PRB-	P797 student Planners Kinder + 1st Grade	2.80	700.00
675	ELB-	P801 student Planners 2nd - 5th Grade	2.65	1,788.75
		Shipping		323.75

DISPOSITION:  Pick-up  Mail  Check  FAX# 1-800-570-1767

PAGE TOTAL \_\_\_\_\_

REMARK: 2018-2019 student planners

GRAND TOTAL: \$2,812.50

M. Ramirez 3/22/18  
ORIGINATOR (PRINT) DATE  
M. Ramirez 3/22/18  
ADMINISTRATOR SIGNATURE DATE

\_\_\_\_\_  
BUDGET COORDINATOR DATE  
 \_\_\_\_\_  
OTHER DATE

# 18-19 STUDENT PLANNER ORDER FORM

Order online or complete and sign this order form. Phone orders not accepted. Call 800-516-8339 with questions.  
Mail order to: P.O. Box 2110, Kearney, NE 68848 or Fax: 800-570-1767 Do NOT fax press-ready material.

For Office Use Only - 1/18  
Order # \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

School Name J.B. Muller Elementary  
District Name Unit 1 ISD  
Contact Name Angek Solis Title Secretary  
School Mailing Address 4430 Muller Memorial Blvd.  
City, State, Zip Laredo, TX 78045  
Ship Address (if different, no PO Boxes) \_\_\_\_\_  
Ship City, State, Zip \_\_\_\_\_  
School Ph (956) 473-3900 Fax (956) 473-3999  
Home Ph (956) 726-0595 Cell (956) 337-0199  
E-mail (required) asolis@uisd.net

**Proof Contact** (Provide ALL contact info)  
Name \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Home Ph (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
Home E-mail (required) \_\_\_\_\_  
Work E-mail (required) \_\_\_\_\_

**Bill Attention to:** \_\_\_\_\_  
 PO# (opt.) \_\_\_\_\_  Invoice Us  
 Pay by Credit Card. To pay by credit card, go to www.schoolmate.com and click on "Pay Online."  
Early Invoice by 1/1/ \_\_\_\_\_ Signature Required Below

A CHOOSE PLANNER - Check only 1 product code below. Submit extra order form(s) for additional product(s).										B QUANTITY		
PLANNER TYPE	Kindergarten	Primary	Elementary	Middle School	High School	Undated Agenda	Dated Agenda	Classic	Scholar	# Student Planners	# Teacher Editions (TE) + NA for Undated Agendas (UDA)	# Total Planners (TP)
Non-Custom Planners	<input type="checkbox"/> KGA	<input type="checkbox"/> PRA	<input type="checkbox"/> ELA	<input type="checkbox"/> MSA	<input type="checkbox"/> HSA	<input type="checkbox"/> UDA	<input type="checkbox"/> AGA	<input type="checkbox"/> CLA	<input type="checkbox"/> SRA	250	-	250
Custom Planners	<input type="checkbox"/> KGB	<input checked="" type="checkbox"/> PRB	<input type="checkbox"/> ELB	<input type="checkbox"/> MSB	<input type="checkbox"/> HSB	NA	<input type="checkbox"/> AGB	<input type="checkbox"/> CLB	<input type="checkbox"/> SRB			
Custom with Handbooks	<input type="checkbox"/> KGC	<input type="checkbox"/> PRC	<input type="checkbox"/> ELC	<input type="checkbox"/> MSC	<input type="checkbox"/> HSC	NA	<input type="checkbox"/> AGC	<input type="checkbox"/> CLC	<input type="checkbox"/> SRC			

**C NON-CUSTOM PLANNERS** - See Price Chart C p. 30.  
\$ \_\_\_\_\_ x Total Planners (TP) (25 min. order, 60 min. for UDA) = \$ \_\_\_\_\_  
KGA PRA ELA MSA HSA UDA AGA CLA SRA  
Continue on to sections H and I.

**D CUSTOM PLANNERS** (With or without Handbooks) - See Price Chart D p. 30.  
\$ 2.80 x Total Planners (TP) (60 min. order) = \$ 700.00  
KGB KGC PRB PRC ELB ELC MSB MSC HSB HSC AGB AGC CLB CLC SRB SRC  
Continue on to sections E, F, G, H, and I.

**E COVERS** - For Custom Planners only. Select a cover design and complete the Cover Wording (also indicate if years are to be printed) and Mascot below.

- Poly-Pro™ Cover (p. 20-21) with school name/mascot in black ink: Design # P797 ..... FREE
- Full-Color Agenda Cover (p. 21) - For AGB and AGC only with school name/mascot in black ink: # FC- ..... FREE
- Religious Cover (p. 21) with school name/mascot in black ink: #R- ..... FREE
- One-Color Cover (p. 22) - Indicate 1 standard ink: \_\_\_\_\_ ..... FREE  
 #C \_\_\_\_\_  Repeat last year's; change year  Our own design uploaded (p. 27)
- Multi-Color or Photo Cover (p. 22) - Indicate 2 standard inks: \_\_\_\_\_ TP x 25¢ = \$ \_\_\_\_\_  
 #T \_\_\_\_\_  Repeat last year's; change year  Our own design uploaded (p. 27) (\$40 minimum)  
 Photo Cover #F \_\_\_\_\_  Own photo OR  Photo mascot # \_\_\_\_\_  Repeat last year's design; change year

Cover Wording: J. B. J. Muller Elementary  print 2018-2019  
Mascot: Online mascot # fal 8  Own mascot  Repeat last year's mascot

- Custom Back Cover (Optional - see p. 23)  Our own design uploaded (p. 27) OR  Repeat last year's design ..... TP x 25¢ = \$ \_\_\_\_\_ (\$40 minimum)

**F OPTIONS & TEACHER AIDS** - For Custom Planners only. All options ordered will be included in both Student Planners & Teacher Editions.  
Only options available for AGB & AGC are 4, 5, and 6. Only option available for CLB, CLC, SRB & SRC is 6.

- Hall Pass Sheet... TP x 12¢ = \_\_\_\_\_
- Year-Rnd. Suppl. TP x 25¢ = \_\_\_\_\_ → bind in:  front of planner  back of planner
- Char. Ed. Suppl... TP x 25¢ = \_\_\_\_\_
- Vinyl Pouch... TP x 25¢ = \_\_\_\_\_
- Planning Stickers... TP x 20¢ = \_\_\_\_\_ = \$ \_\_\_\_\_
- Inserts (p. 25)  IN1  IN2  IN3  IN4 ..... # Total Inserts \_\_\_\_\_ x 25¢ x TP = \$ \_\_\_\_\_

Options for Teacher Editions (TE) only - will be placed in all TEs ordered.  
 Grade Records... TE x 85¢ = \_\_\_\_\_  Lesson Plans (NA for HSB, HSC, SRB, or SRC) TE x 85¢ = \_\_\_\_\_ = \$ \_\_\_\_\_

**G ADD HANDBOOK PAGES** (p. 26) - For Custom Planners only.  
Note: 1 page is 1 side of a sheet of paper. .... # Total Custom Pages \_\_\_\_\_ x 4¢/page (3¢ for HSC, SRC & AGC) x TP = \$ \_\_\_\_\_  
 Repeat last year's pages  Press-ready pages enclosed  PDF uploaded  Typesetting needed: # pages \_\_\_\_\_ x \$25/page = \$ \_\_\_\_\_

**H EXTRAS** - Available for ALL planners & agendas (Custom and Non-Custom).  
 Page Marker Rulers (p. 24) - Must order for all, no partials ..... TP x 20¢ = \$ \_\_\_\_\_  
 Wall Charts (p. 28) - Case contains 5 wall charts (same level; must order by full case) ..... #cases \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Order will not be processed without a signature.  
Sign Here M. Ramsey Date 3/22/18  
By signing, you agree to School Mate's Terms & Conditions on p. 29.

**I SHIPPING & ORDER TOTALS**  
Subtotal = \$ 700.00  
 RUSH Production - 4 weeks (Custom Planners only) - add 15% (\$75 min.) = \$ \_\_\_\_\_  
Shipping - (AK, HI, APD, FPO call for pricing) 48 states ..... 35¢/planner = \$ 87.50  
Pretax Total = \$ \_\_\_\_\_  
State Tax (NE and FL only, if applicable) = \$ \_\_\_\_\_  
Delay Ship (opt.):  Apr 20  June 1  June 29  July 6  July 13  July 20  July 27  Aug 3  Aug 10  Aug 17  Aug 24  
**TOTAL** 787.50

**Special Instructions:** NE & FL orders only: To avoid paying sales tax, Nebraska orders must Attach if you have any. submit Form 13, and Florida orders must submit Form DR-13 or DR-14

# 18-19 STUDENT PLANNER ORDER FORM

Order online or complete and sign this order form. Phone orders not accepted. Call 800-516-8339 with questions.  
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For Office Use Only - 1/18  
Order # \_\_\_\_\_  
Date Rec'd \_\_\_\_\_

School Name JBJ Muller Elementary  
District Name United ISD  
Contact Name Angela Solis Title Secretary  
School Mailing Address 4430 Muller Memorial Blvd.  
City, State, Zip Laredo, TX 78045  
Ship Address (if different, no PO Boxes) \_\_\_\_\_  
Ship City, State, Zip \_\_\_\_\_  
School Ph (956) 473-3900 Fax (956) 473-3999  
Home Ph (956) 726-0595 Cell (956) 337-0199  
E-mail (required) asolis@uisd.net

Proof Contact (Provide ALL contact info)  
Name \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Home Ph (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
Home E-mail (required) \_\_\_\_\_  
Work E-mail (required) \_\_\_\_\_

Bill Attention to: \_\_\_\_\_  
 PO# (opt.) \_\_\_\_\_  Invoice Us  
 Pay by Credit Card: To pay by credit card, go to www.schoolmate.com and click on "Pay Online."  
Early Invoice by 1/1/ Signature Required Below

A CHOOSE PLANNER - Check only 1 product code below. Submit extra order form(s) for additional product(s).										B QUANTITY		
PLANNER TYPE	Kindergarten	Primary	Elementary	Middle School	High School	Undated Agenda	Dated Agenda	Classic	Scholar	# Student Planners	# Teacher Editions (TE) + ... <small>NA for Undated Agendas (UDA)</small>	# Total Planners (TP) =
Non-Custom Planners	<input type="checkbox"/> KGA	<input type="checkbox"/> PRA	<input type="checkbox"/> ELA	<input type="checkbox"/> MSA	<input type="checkbox"/> HSA	<input type="checkbox"/> UDA	<input type="checkbox"/> AGA	<input type="checkbox"/> CLA	<input type="checkbox"/> SRA	675		
Custom Planners	<input type="checkbox"/> KGB	<input type="checkbox"/> PRB	<input checked="" type="checkbox"/> ELB	<input type="checkbox"/> MSB	<input type="checkbox"/> HSB	NA	<input type="checkbox"/> AGB	<input type="checkbox"/> CLB	<input type="checkbox"/> SRB			675
Custom with Handbooks	<input type="checkbox"/> KGC	<input type="checkbox"/> PRG	<input type="checkbox"/> ELC	<input type="checkbox"/> MSC	<input type="checkbox"/> HSC	NA	<input type="checkbox"/> AGC	<input type="checkbox"/> CLC	<input type="checkbox"/> SRC			

**C NON-CUSTOM PLANNERS** - See Price Chart C p. 30.  
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Continue on to sections H and I.

**D CUSTOM PLANNERS** (With or without Handbooks) - See Price Chart D p. 30.  
\$ 2.65 x Total Planners (TP) (60 min order) = \$ 1,788.75  
**KGB KGO PRB PRD ELB ELC MSD MSC HSB HSC AGB AGC CLB CLC SRB SRC**  
Continue on to sections E, F, G, H, and I.

**E COVERS** - For Custom Planners only. Select a cover design and complete the Cover Wording (also indicate if years are to be printed) and Mascot below.

- Poly-Pro™ Cover (p.20-21) with school name/mascot in black ink: Design # P.801 ..... FREE
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 Photo Cover # F \_\_\_\_\_  Own photo OR  Photo mascot # \_\_\_\_\_  Repeat last year's design, change year  
Cover Wording: J. B. J. Muller Elementary  print 2018-2019  
Mascot: Online mascot # Fal 8  Own mascot  Repeat last year's mascot
- Custom Back Cover (Optional - see p. 23)  Our own design uploaded (p. 27) OR  Repeat last year's design ..... TP x 25¢ = \$ \_\_\_\_\_  
(\$40 minimum)

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- Hall Pass Sheet ... TP x 12¢ = \_\_\_\_\_
- Year-Rnd. Suppl. TP x 25¢ = \_\_\_\_\_ → bind in.  front of planner  back of planner
- Char. Ed. Suppl. ... TP x 25¢ = \_\_\_\_\_
- Vinyl Pouch ... TP x 25¢ = \_\_\_\_\_
- Planning Stickers ... TP x 20¢ = \_\_\_\_\_ = \$ \_\_\_\_\_
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 Wall Charts (p. 28) - Case contains 5 wall charts (same level; must order by full case) ..... #cases \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_

Order will not be processed without a signature.  
Sign Here [Signature] Date 3/22/18  
By signing, you agree to School Mate's Terms & Conditions on p. 29

**I SHIPPING & ORDER TOTALS**  
Subtotal = \$ 1,788.75  
 RUSH Production - 4 weeks (Custom Planners only) - add 15% (\$75 min.) = \$ \_\_\_\_\_  
Shipping - (AK, HI, APO, FPO call for pricing) 48 states ..... 35¢/planner = \$ 236.25  
Pretax Total = \$ \_\_\_\_\_  
State Tax (NE and FL only, if applicable) = \$ \_\_\_\_\_  
Delay Ship (opt.):  Apr 20  June 1  June 29  July 6  July 13  July 20  
 July 27  Aug 3  Aug 10  Aug 17  Aug 24  
**TOTAL** 2,025.00

Special Instructions: NE & FL orders only: To avoid paying sales tax, Nebraska orders must Attach if you have any. submit Form 13, and Florida orders must submit Form DR-13 or DR-14.





United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2017-2018

Requesting Campus: J.B.J. MULLER ELEMENTARY

Campus Principal: Mayra N. Ramirez

Board Member: Roberto Ramirez

Board Member:

Board Member:

Description of Request: T-shirts to be given to staff at the beginning of the school year 2018-2019.

Estimated Cost of Request: \$600.00

Principal or Director Signature: [Signature] Date: 3/22/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes [check] No
Signature: Date:

BOARD MEMBER APPROVAL: Yes [check] No
Signature: Juan R. Ramirez by A. Salinas Date: 4/5/18

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.



(956) 242-5176  
julio.artprint@gmail.com  
2813 emory loop  
Laredo, Tx. 78043

Quote		
1529		
03	27	18

**SOLD TO:** Muller Elementary

QUANTITY	DESCRIPTION	UNIT PRICE
100	Black T shirts printed 3 colors front	\$6.00
		\$600.00



United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2017-2018

Requesting Campus: FEDERAL PROGRAMS – VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Juan Roberto Ramirez

Board Member: \_\_\_\_\_

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: 800.00

Principal or Director Signature: *Nancy Newsome*

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: *Juan R. Ramirez by A. Salinas*

Date: 4/6/18

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 2017-2018

Requesting Campus: FEDERAL PROGRAMS - VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Ramiro Veliz

Board Member:

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: \$500.00

Principal or Director Signature: Nancy Newsome Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Ramiro Veliz III by A. Salvia Date: 4/6/18

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 2017-2018

Requesting Campus: FEDERAL PROGRAMS – VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Jaiver Montemayor, Jr

Board Member:

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: \$500.00

Principal or Director Signature: Nancy Newsome

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Jaiver Montemayor by A. Salinas Date: 4/6/18

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 2017-2018

Requesting Campus: FEDERAL PROGRAMS – VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Aliza Flores-Oliveros

Board Member: \_\_\_\_\_

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: 500.00

Principal or Director Signature: *Nancy Newsome*

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: *Aliza F. Oliveros by A. Salvia*

Date: 4/6/18

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 2017-2018

Requesting Campus: FEDERAL PROGRAMS - VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Ricardo Rodriguez,

Board Member:

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: 500.00

Principal or Director Signature: Nancy Newsome

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature:

Date:

SUPERINTENDENT APPROVAL: Yes No

Signature:

Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Ricardo Rodriguez by A. Salinas

Date: 4/6/18

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 2017-2018

Requesting Campus: UISD Board Member

Campus Principal: Javier Montemayor, Jr.

Board Member: Javier Montemayor, Jr.

Board Member: \_\_\_\_\_

Description of Request: For Parent Volunteer Event for the Month of April 2018

Salon Chapa Recognition Luncheon for District 5 Parent Volunteers/Token of Appreciation and lunch for

Clark Middle School Mariachi Group who will provide entertainment

Estimated Cost of Request: \$4,200.00

Principal or Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASSOCIATE SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERINTENDENT APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD MEMBER APPROVAL: Yes  No \_\_\_\_\_

Signature: Javier Montemayor by R. Salinas Date: 4/9/18

BOARD MEMBER APPROVAL: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

BOARD APPROVAL DATE: \_\_\_\_\_

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



CARLOS CHAPA  
956.237.8482

CARLOS CHAPA JR.  
956.237.5377

5904 WEST DRIVE LAREDO TEXAS 78041 956.726.1015  
chapaseventplanning@yahoo.com



Contract Date 4/9/18

Name Carmen Renou UISD

Address \_\_\_\_\_

City / State \_\_\_\_\_

Phone \_\_\_\_\_ Cell # 516 0599

Email \_\_\_\_\_

Event Date 4/26/18

Event Time: 11:30

Wedding

Quinceañera

Other \_\_\_\_\_

Notes:

Includes:

- Event Coordinator
- Elegant linens
- Centerpieces
- Decorated Tables for Honoree, Cake, Sign In & Gifts
- Tiffany Chairs
- Charger Plates
- Catered Dinner
- Refreshments
- Waiters/Bartenders
- DJ & Sound System
- Security Guards
- Other \_\_\_\_\_

~~\$ 2500~~

2040 MF

Costo

110 guest

460 x photo

5,621.98 - THROW

110

\$18.54 p/person

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Customer Signature x \_\_\_\_\_

Salon Chapa x \_\_\_\_\_

# BoxXx Signs & More L.L.C.

4202 E. Saunders Laredo, Texas 78040  
1-956-712-9872  
boxxxsigns@yahoo.com  
1-877-331-(SIGN)  
1-956-712-9872

# Estimate

Estimate No: 440  
Date: 04/09/2018

For: U.I.S.D. c/o Javier Montemayor  
crendon@uisd.net

Code	Description	Quantity	Rate	Amount
Bag	Duffel Bag- Weekender Duffel - AG-223PRT Bag will include the White Print aswell	100	\$14.25	\$1,425.00
Shipping	4 Day Shipping to Laredo, Texas 78041(No Rush)	1	\$140.00	\$140.00
Subtotal				\$1,565.00
TAX 0%				\$0.00
Total				\$1,565.00
<b>Total</b>				<b>\$1,565.00</b>

### Comments

All orders require 50% deposit. Remaining balance will be due upon receipt of merchandise.

INVOICE # 1222

Date: 4/9/18



Laredo #219  
(956)712-8646

ORGANIZATION: UISD Central Office TAX ID NUMBER \_\_\_\_\_  
 NAME: Clark Middle School  
 ADDRESS: 201 Lindenwood Drive  
 CITY: Laredo STATE: Texas ZIP: 78045  
 PHONE: (956)473-6201 FAX \_\_\_\_\_ EMAIL: reru22@uisd.net  
 SIGNATURE \_\_\_\_\_

**MERCHANDISE CHARGED**

QUANTITY	ITEM(S)	UNIT PRICE	EXTEND PRICE
31	Students and sponsors	7.75	\$ 240.25

Please remit payment with invoice number within 10 days to:

Cicis #219  
107 Tuscany Way  
San Antonio, TX 78249

SUBTOTAL \$ 240.25  
 SALES TAX Exempt  
 TOTAL \$ 240.25

White - Store

Yellow - Guest



# UNITED INDEPENDENT SCHOOL DISTRICT

## PURCHASE REQUISITION

### VENDOR NAME AND ADDRESS

**Sam's Club of Laredo**

4810 San Bernardo Ave.

Laredo, Texas 78041

Phone 956-725-5300

Campus Central Office Rm #

Date April 9, 2018

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Sub Object	Amount

Budget Code

Account Code

Approval Code: \_\_\_\_\_ Discount: \_\_\_\_\_

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
		SHIPPING AND HANDLING		\$0.00	\$0.00
				\$0.00	\$0.00
4		2lbs. Boxes of Strawberries	\$6.00	\$6.00	\$24.00
7		Cheesecake Members Mark	\$12.98	\$12.98	\$90.86
1	#613697	2 Tier Chocolate Cake with But'rCreme Icing(model#PLU 28643	\$68.98	\$68.98	\$68.98
1		Clear Dessert Plates	\$12.94	\$12.94	\$12.94
1		Clear Forks	\$9.88	\$9.88	\$9.88
5		Hershey's Milk Chocolate King Size	\$19.98	\$19.98	\$99.90
				\$0.00	\$0.00
				\$0.00	\$0.00
		Order approved by: Mr. Javier Montemayor		\$0.00	\$0.00
		UISD Board Member		\$0.00	\$0.00
				\$0.00	\$0.00
		Contact person for this order:		\$0.00	\$0.00
		Rosie Cruz 956-473-6331		\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Pickup \_\_\_\_\_ Mail \_\_\_\_\_ Fax \_\_\_\_\_

Page Total \$306.56

Remarks \_\_\_\_\_

Grand Total \$306.56

Javier Montemayor, Jr. 4/9/18  
 Originator (PRINT) Date  
Javier Montemayor 4/9/18  
 Administrator Signature Date  
by A. Salinas

Budget Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Other \_\_\_\_\_ Date \_\_\_\_\_