



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Approval of Requests from Pat Campos for Use of Board of Trustees
Discretionary Funds for John B. Alexander High School for \$8,705

SUBMITTED BY: Pat Campos **OF:** Board Member

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: May 18, 2011

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees approve a requests for use of Board of Trustees Discretionary Funds for John B. Alexander High School for \$8,705.

RATIONALE:

BUDGETARY INFORMATION

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2010-2011**

Requesting Campus: John B. Alexander High School

Campus Principal: Dolores W. Barrera

Board Member: Ms. Pat Campos

Board Member: _____

Description of Request:

Contour series logo chairs and racks

Estimated Cost of Request: \$5,905.00

Principal Signature: Dolores W. Barrera Date: 5/6/11

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ Date: _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ Date: _____

Board Member Approval: Yes ☒ No _____

Board Member Signature: Pat Campos Date: 5/6/11

Board Approval: Yes _____ No _____ Date Approved: _____
as per Mrs. Campos

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 2010-2011**

Requesting Campus: John B. Alexander High School

Campus Principal: Dolores W. Barrera

Board Member: Ms. Pat Campos

Board Member: _____

Description of Request:

Flexi Carpet Roll Practice Mats 6'X42'X 1.25"

Mats will be used for Cheerleading practices and competitions.

Estimated Cost of Request: \$2,800.00

Principal Signature: *Dolores W. Barrera* Date 5-2-11

Associate Superintendent Approval: Yes ☐ No ☐

Associate Superintendent Signature: _____ Date: _____

Superintendent Approval: Yes ☐ No ☐

Superintendent Signature: _____ Date: _____

Board Member Approval: Yes ☒ No ☐

Board Member Signature: *Pat Campos* Date: 5/6/11

Board Approval: Yes ☐ No ☐ Date Approved: _____

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