



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: Judd Gilpin **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: March 22, 2017

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:



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2016-2017**

Requesting Campus: Veterans Memorial Elementary

Campus Principal: Luz Edith Serna-Ramirez

Board Member: Ricardo Molina

Board Member: _____

Board Member: _____

Description of Request: Incentives for First Annual Autism Awareness Parent Fair

Estimated Cost of Request Total Cost \$ 500.00

Principal or Director Signature: Luz Edith Serna-Ramirez Date 2-22-17

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: Ricardo Molina / Griselda Rodriguez Date 02/23/17

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Member Approval: Yes No

Board Member Signature: _____ Date _____

Board Approval: Yes No Date Approved: _____



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

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VENDOR NAME AND ADDRESS

Veterans Memorial Elementary

5909 Saint Luke Boulevard Laredo, Texas

Phone 956 473-1200

Campus Date Veterans February 22, 2017 Rm # Special Ed

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

Budget Code Account Code

Approval Code: _____ Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1		Check payable to Veterans Memorial for 500.00 dills	\$500.00	\$500.00	\$500.00
		Special Ed Teachers will purchase parent fair supplies from different vendors.		\$0.00	\$0.00
		Please see attached list.		\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check *** Mail _____ PickUp _____ Fax _____ Page Total \$500.00
 Remarks _____ Grand Total \$500.00

Originator (PRINT) Luz Edith Serna Ramirez Date 2/22/17
 Administrator Signature *[Signature]* Date 2/22/17

Budget Coordinator _____ Date _____
 Other _____ Date _____

Items needed for Autism Awareness Month and Parent Awareness Fair:

- Prizes for the booth (mostly sensory toys ex: clappers, stress balls, bubbles, light up toys)
- Pins for the teachers and staff- oriental trading
- Autism Decorations: blue table covers (roll), lights, helium tank, balloons)
- Autism Awareness Pencils for all students- oriental trading
- Food for the Fair(water, juices, pizza, cokes, fruit trays)
- Prizes for contest winners (basketball, volleyball, soccer ball, hula hoop)



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2014-2015

Requesting Campus: Transportation Dept

Campus Principal: Jose Aranda

Board Member: Ramiro Veliz JR. — \$1,295.00

Board Member: Juan Roberto Ramirez — \$1,594.45

Description of Request: NECESSARY Transportation Routing Software
Program Training

Estimated Cost of Request \$ 2879.45

Principal or Director Signature: [Signature] Date 3/3/2017

Associate Superintendent Approval: Yes No

Associate Superintendent Signature: _____ Date _____

Superintendent Approval: Yes No

Superintendent Signature: _____ Date _____

Board Member Approval: Briselda Rodriguez Yes No

Board Member Signature: for Mr. Ramiro Veliz III Date 03-03-2017

Board Member Approval: Briselda Rodriguez Yes No

Board Member Signature: for Mr. Juan R. Ramirez Date 03-03-2017

Board Approval: Yes No Date Approved: _____

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



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

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VENDOR NAME AND ADDRESS

TYLER CONNECT 2017

PO BOX 203556
 DALLAS TEXAS 75320
 Phone _____
 Campus TRANSPORTATION DEPT Rm # _____
 Date March 2, 2017

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

Budget Code Account Code

Approval Code: _____ Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
		RegISTRATION for conference Tyler connect for:		\$0.00	\$0.00
1		David Hernandez	\$950.00	\$950.00	\$950.00
1		Juan Martinez	\$950.00	\$950.00	\$950.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check _____ Mail _____ Pickup _____ Fax _____ Page Total **\$1,900.00**
 Remarks _____ Grand Total **\$1,900.00**

David Hernandez 03.02.17
 Originator (PRINT) _____ Date
 Administrator Signature [Signature] 3/3/2017
 _____ Date
 Transp. Dir

 Budget Coordinator Date

 Other Date

United Independent School District
Request for Travel Authorization and Payment within the State of Texas

This form must be turned in two weeks prior to the travel date

Employee's Full Name: Juan Martinez ID#/Vendor#: 12538 Date: 03.02.17
 UISD Email Address: jmarti53@uisd.net Phone # 9564736383 Home Address: 4118 Logan 78041
 Campus/Department #: Transportation Destination: San Antonio Purpose of Trip: Tyler Connect 2017 Conference
 Departure Date*: 05.07.17 Time: 4pm Return Date: 05.10.17 Time: 5pm

*Note: Meal Allowances for same day travel (departing and returning on the same day) are taxable to the employee and allowance will be added to employees W2 Form as per IRS Code.

Itemized Meal Receipts are required for Federal/State Grants. Receipts are not required for Local Funds.
 (Meals may not exceed \$22.50 or \$30 per day)

Same Day Travel or Departure (\$30 x 75%)	\$ <u>22.50</u> \$22.50 max allowed	<i>Note: Original Itemized receipts required upon return for</i>	A) \$ <u>22.50</u>
Interim Travel Day(s) \$30 max allowed	\$ <u>30.00</u> X <u>2</u> QTY	<i>for Federal/State Grants Only. Max of 3 receipts per day.</i>	B) \$ <u>60.00</u>
Return (\$30 x 75%)	\$ <u>22.50</u> \$22.50 max allowed	<i>Receipts for Snacks and Groceries are unallowable.</i>	C) \$ <u>22.50</u>

GSA Report is required for processing travel request form. Room Rate May Not Exceed GSA Per Diem Rate.

Cost of Lodging:	\$ _____ X <u>3</u> X <u>1.00</u> =	D) \$ <u>-</u>
	(Room Rate) (# of Nights) (# of Rooms)	
City Tax:	\$ <u>-</u> X <u>13.00%</u> = <i>(Exempt from State Tax)</i>	E) \$ <u>-</u>
	(Cost of Lodging) (City Tax Rate)	
Cost of Lodging:	\$ _____ X _____ X _____ =	F) \$ <u>-</u>
	(Room Rate) (# of Nights) (# of Rooms)	
City Tax:	\$ <u>-</u> X _____ = <i>(Exempt from State Tax)</i>	G) \$ <u>-</u>
	(Cost of Lodging) (City Tax Rate)	

Sharing Room with:

(If Traveling with Students, Attach Form 890-011)

Cost of Lodging for District Bus Driver:	\$ _____ X _____ = \$ _____ X _____	H) \$ <u>-</u>
	(Room Rate) (# Of Nights) (Cost of Lodging) (City Tax Rate)	

Gas Allowance for Rented Vehicles (\$50 per day or \$100 for SUVs). Itemized receipts required for settlement. I) \$ -

Personal Vehicle:*	# _____ Total # Of Round Trip Miles X \$0.535 Cents per Mile =	J) \$ <u>-</u>
	<i>*(Attach directions from MapQuest.com/odometer readings are required for settlement)</i>	

Misc Expenses:	_____ \$ _____ X _____ =	K) \$ <u>-</u>
	Description Amount # of Days/Occurrence	

Students Meals:*	X _____ X _____ # of Days	L) \$ <u>-</u>
	(# Students) (\$ Amt Per Student per day or per meal)	

Money Given to Students	_____	Sub-Total(1)\$ <u>105.00</u>
Note: See Travel instructions for Meal \$ Guidelines	*Student Meal List Required- Form 726-005(A)	

Items Payable To Vendors	Rental / Buses / Airfare Fees :	Due Date: _____	(2) \$ _____
	Payable To: _____	Req/PO #: _____	
	Registration Fees/Entrance Fees:	Due Date: _____	(3) \$ _____
	Payable To: _____	Req/PO #: _____	
(1)+(2)+(3) = TOTAL FOR TRIP			\$ <u>105.00</u>

All employees shall be required to submit travel- related expense receipts within five (5) business days of their return from a District-related trip. An employee that fails to turn in their receipts for any travel-related expenses on two (2) separate occasions in a school/work year shall not be advanced any travel monies by the District on a subsequent District-related business trip and shall be required to submit a request for reimbursement of their travel-related expenses upon their return from the District-related business trip.

By signing this statement, I authorize the District to payroll deduct any unsubstantiated amounts. Please read statement immediately above.

Budget Codes must be completed by the appropriate personnel before travel request is approved.

Fund Year	Func	Org	PIC	Local Option	Obj	Sub Obj	Total

Signature of Claimant: [Signature] Date: 3/3/2017
 Immediate Supervisor: [Signature] Date: 3/3/2017

Superintendent /Designee _____ Date _____
 (Superintendent signature required on Out-of-State Trips)

Alternative Funding Source Approval _____ Date _____

Approval for Teacher Staff Development Only. Request must be approved two weeks in advance & before registration for workshop is submitted.

Exe. Dir. of Elem./Sec.Ed./Sp.Ed. _____ Date _____

For Business Office/Federal Funds Department Use Only

Approval _____ Date _____

United Independent School District
Request for Travel Authorization and Payment within the State of Texas

This form must be turned in two weeks prior to the travel date

Employee's Full Name: David Hernandez ID#/Vendor#: 12479 Date: 03.02.17
 USD Email Address: davidh@uisd.net Phone # 9564736372 Home Address: 2040 Cochiti Drive 78045
 Zip Code
 Campus/Department #: Transportation Destination: San Antonio Purpose of Trip: Tyler Connect 2017 Conference
 Departure Date*: 05.07.17 Time: 4pm Return Date: 05.10.17 Time: 5pm

*Note: Meal Allowances for same day travel (departing and returning on the same day) are taxable to the employee and allowance will be added to employees W2 Form as per IRS Code.

Itemized Meal Receipts are required for Federal/State Grants. Receipts are not required for Local Funds.
 (Meals may not exceed \$22.50 or \$30 per day)

Same Day Travel or Departure (\$30 x 75%)	\$ <u>22.50</u> \$22.50 max allowed	<i>Note: Original itemized receipts required upon return for Federal/State Grants Only. Max of 3 receipts per day. Receipts for Snacks and Groceries are unallowable.</i>	A) \$ <u>22.50</u>
Interim Travel Day(s) \$30 max allowed	\$ <u>30.00</u> X <u>2</u> QTY		B) \$ <u>60.00</u>
Return (\$30 x 75%)	\$ <u>22.50</u> \$22.50 max allowed		C) \$ <u>22.50</u>

GSA Report is required for processing travel request form. Room Rate May Not Exceed GSA Per Diem Rate.

Cost of Lodging:	\$ <u>179.00</u> X <u>3</u> X <u>1.00</u> =	D) \$ <u>537.00</u>
	(Room Rate) (# of Nights) (# of Rooms)	
City Tax:	\$ <u>537.00</u> X <u>13.00%</u> = (Exempt from State Tax)	E) \$ <u>69.81</u>
	(Cost of Lodging) (City Tax Rate)	
Cost of Lodging:	\$ _____ X _____ X _____ =	F) \$ _____
	(Room Rate) (# of Nights) (# of Rooms)	
City Tax:	\$ _____ X _____ = (Exempt from State Tax)	G) \$ _____
	(Cost of Lodging) (City Tax Rate)	

Sharing Room with:

(If Traveling with Students, Attach Form 890-011)

Cost of Lodging for District Bus Driver:	\$ _____ X _____ = \$ _____ X _____	H) \$ _____
	(Room Rate) (# Of Nights) (Cost of Lodging) (City Tax Rate)	

Gas Allowance for Rented Vehicles (\$50 per day or \$100 for SUVs). Itemized receipts required for settlement. I) \$ _____

Personal Vehicle:*	# <u>304</u> Total # Of Round Trip Miles X \$0.535 Cents per Mile =	J) \$ <u>162.64</u>
	<i>*(Attach directions from MapQuest.com/odometer readings are required for settlement)</i>	

Misc Expenses:	Description	\$ Amount	X # of Days/Occurrence	=	K) \$ _____
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Students Meals:*	X _____ X _____ # of Days	L) \$ _____
------------------	---------------------------	-------------

Money Given to Students	(# Students) (\$ Amt Per Student per day or per meal)	Sub-Total(1)\$ <u>874.45</u>
Note: See Travel instructions for Meal \$ Guidelines	*Student Meal List Required- Form 726-005(A)	

Items Payable To Vendors	Rental / Buses / Airfare Fees :	Due Date: _____	(2) \$ _____
	Payable To: _____	Req/PO #: _____	
	Registration Fees/Entrance Fees:	Due Date: _____	(3) \$ _____
	Payable To: _____	Req/PO #: _____	
(1)+(2)+(3) = TOTAL FOR TRIP			\$ <u>874.45</u>

All employees shall be required to submit travel-related expense receipts within five (5) business days of their return from a District-related trip. An employee that fails to turn in their receipts for any travel-related expenses on two (2) separate occasions in a school/work year shall not be advanced any travel monies by the District on a subsequent District-related business trip and shall be required to submit a request for reimbursement of their travel-related expenses upon their return from the District-related business trip.

By signing this statement, I authorize the District to payroll deduct any unsubstantiated amounts. Please read statement immediately above.

Budget Codes must be completed by the appropriate personnel before travel request is approved.

Fund Year	Func	Org	PIC	Local Option	Obj	Sub Obj	Total

Signature of Claimant [Signature] Date 03.02.17
 Immediate Supervisor [Signature] Date 3/3/2017

Superintendent /Designee _____ Date _____
 (Superintendent signature required on Out-of-State Trips)

Alternative Funding Source Approval _____ Date _____
 Approval for Teacher Staff Development Only. Request must be approved two weeks in advance & before registration for workshop is submitted.

Exe. Dir.of Elem./Sec.Ed./Sp.Ed. _____ Date _____

For Business Office/Federal Funds Department Use Only

Approval _____ Date _____



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2016-2017**

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval, Jr.

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Description of Request: Benches

Estimated Cost of Request \$7,000.00

Principal or Director Signature: _____ **Date** 3/1/17

Associate Superintendent Approval: Yes _____ No _____

Associate Superintendent Signature: _____ **Date** _____

Superintendent Approval: Yes _____ No _____

Superintendent Signature: _____ **Date** _____

Board Member Approval: Yes No _____

Board Member Signature: By: Griselda Rodriguez for Ms. Aliza Flores-Oliveros **Date** 03-03-2017

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.



United Independent School District

Price Quote Log



This form is to be used to make three cost comparisons before a requisition is written. This form must be attached to the requisition and both turned in to the Principal/Director who will sign it and forward it with the request.
(this only applies to non-approved vendors)

		VENDOR		VENDOR		VENDOR	
Requested by <u>Ernesto Sandoval Jr.</u>		Lowe's		South Texas School Furniture Webcoat, INC		picnicfurniture.com	
Date <u>3/1/17</u>							
Description	Qty	Unit Price	Total	Unit Price	Total	Unit Price	Total
Rhino Octagonal Picnic Table	13	N.A.	N.A.	\$765.00	\$9,945.00	\$728.00	\$9,464.00

Reason for award if to other than low bidder: _____

Reason for not securing bids: _____

I hereby certify that the above included all firms that have been contacted for bids and their replies are exactly as stated.


 Person Making Requisition _____ Date 3/1/17

 Principal/Director _____ Date 3/1/17



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

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VENDOR NAME AND ADDRESS

Picnic Furniture

P.O. Box 2151

Bunnell, Florida 32110

Phone 1-800-775-8409

Campus JB Alexander HS Rm #

Date March 1, 2017

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


Budget Code

Account Code

Approval Code: _____ Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
13	TOT46-A-04-000	46" Octagon Expanded Metal Picnic Table with 4 attached bench seats	\$728.00	\$728.00	\$9,464.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check Mail Pickup Fax 1-386-437-6652 Page Total \$9,464.00
 Remarks _____ Grand Total \$9,464.00

Ernesto Sandoval
 Originator (PRINT) _____ Date 3/1/17
 Administrator Signature  Date 3/2/17

Budget Coordinator _____ Date _____
 Other _____ Date _____



Selling Outdoor Furniture Online Since 2003

Toll Free # 1.800.775.8409

Phone # 1.386.437.6780

Quote

Fax # 1.386.437.6652

Date	Quote #
3/1/2017	PF5330

Mailing Address:
PO Box 2151
Bunnell, Florida 32110

Physical Address:
2729 E. Moody Blvd. #203
Bunnell, FL 32110

Bill To
Alexander High School Laredo, TX 78041

Ship To
Alexander High School Laredo, TX 78041 Lindsey Cedillo - 956.473.5816

P.O. No.	Terms	Rep
	50%deposit/Net	PH

Item	Description	Ordered	Cost	Total
TOT46-A-04-000	46" Octagon Expanded Metal Picnic Table with 4 attached benches, Portable Powder Coated Frame, Polyolefin Coated. Frame Color:Dark Blue, Top and Seat Color: Dark Blue	13	728.00	9,464.00
S&H-Sales Order	Shipping and Handling. Delivery does not include off loading freight. Additional charges for Lift Gate, Call Ahead, and Inside Delivery will be added when requested. Please call 1-800-775-8409 to obtain pricing for additional services.		495.00	495.00

Due to banking requirements, all orders paid by credit card will be charged within 7 days of the purchase. Orders other than credit card payment require a 50% deposit on all first orders and all orders over \$2000.00. The Balance is due upon receipt of merchandise. Orders will not be processed until credit is approved by Furniture Leisure, Inc. All Custom Orders (made to customers' specifications) require payment in advance and are non-cancelable and non-returnable. A 25% restocking fee plus all shipping costs are required to return stock merchandise. Returns must receive a "Return Authorization" from Furniture Leisure, Inc. prior to shipping. All Returns must be received in the original cartons and in new condition.

Subtotal	\$9,959.00
Sales Tax (0.0%)	\$0.00
Total	\$9,959.00

The manufacturer of merchandise purchased from Furniture Leisure Inc. warrants all products. Written warranties are available upon request. Picnic Furniture, Inc. assumes no responsibility to extend, alter, or modify any product warranty.

Picnic Furniture.com is owned by Furniture Leisure, Inc. and will be held harmless against all claims of liability resulting from the installation and/or the use of these products. All shipments are ASAP "As soon as Possible". All efforts are made to expedite, however, no arrival dates are guaranteed.

Customer agrees to pay reasonable collection costs allowed by law and/or attorneys fees incurred in connection with the collection of this transaction. The venue for any litigation with Furniture Leisure, Inc. will be Flagler County, Florida.

Receiving, Assembly and Installation of the merchandise is solely the customer's responsibility and is not included in the above price.

Signature _____ Title _____ Date _____