



# 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:** Juan R. Ramirez **OF:** Board President

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

**DATE ASSIGNED FOR BOARD CONSIDERATION:** September 20, 2017

**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 Project/Campuses.

**RATIONALE:**

**BUDGETARY INFORMATION:**

**POLICY REFERENCE & COMPLIANCE:**



Exhibit A

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

Requesting Campus: George Washington M.S.

Campus Principal: Beth Porter

Board Member: Juan Roberto Ramirez

Board Member:

Description of Request: 30 Chromebooks and cart to store chromebooks.

Estimated Cost of Request: \$8,729.00

Principal or Director Signature: [Handwritten Signature]

Date: 8/23/2017

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature:

Date:

SUPERINTENDENT APPROVAL: Yes No

Signature:

Date:

BOARD MEMBER APPROVAL: Yes No

Signature: [Handwritten Signature]

Date: 8/28/2017

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: Board Vice President – Javier Montemayor, Jr.

Campus Principal: \_\_\_\_\_

Board Member: Mr. Javier Montemayor, Jr.

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

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

Description of Request: To send Newsletter to Parents in District 5

Estimated Cost of Request: \$3,023.00

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

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

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

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

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

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

Signature: Eruselda Rodriguez for Mr. Javier Montemayor Date: 9-08-2017

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 2017-2018

Requesting Campus: Lyndon B. Johnson High School

Campus Principal: Armando Salazar

Board Member: Ricardo Molina, Sr.

Board Member: Ramiro Veliz, III

Description of Request: To provide Charter buses for Cheer & Dance Out of Town Trips

Estimated Cost of Request: \$13,100.00 (\$6,550.00/each)

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

ASSOCIATE SUPERINTENDENT APPROVAL: Yes  No

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

SUPERINTENDENT APPROVAL: Yes  No

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

BOARD MEMBER APPROVAL: Yes  No

Signature: Priselda Rodriguez for Ramiro Veliz, III Date: 9/08/2017

BOARD MEMBER APPROVAL: Yes  No

Signature: Priselda Rodriguez for Ricardo Molina, Sr. Date: 9/08/17

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: Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ramiro Veliz, III (\$500.00)

Board Member: Aliza Oliveros (\$500.00)

Description of Request:

Purchase supplies and equipment for newly established AHS Ping Pong Club to promote positive behavior and activities for students.

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: [Handwritten Signature] Date: September 8, 2017

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

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

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

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

BOARD MEMBER APPROVAL: Yes [checked] No \_\_\_

Signature: [Handwritten Signature] Date: 9/08/17

BOARD MEMBER APPROVAL: Yes [checked] No \_\_\_

Signature: [Handwritten Signature] Date: 9/08/17

BOARD APPROVAL DATE: \_\_\_

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