

United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2023-2024

	Ex	hibit A	4
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Requesting Campus:	TRAUTMANN ELEMENT	TARY		
Campus Principal:	MELISSA SHINN			
Originators Email:	mshinn57@uisd.net			4
Board Member:	JAVIER MONTEMAYOR	L		
Board Member:				
Board Member:				
Description of Reques	t: ADDITIONAL FUNDS	FOR INSTRUC	TIONAL SUPP	PLIES AND INCENTIVES
Estimated Cost of Req	mest: \$ 1.500.00	0		
	100	001		11 /
Principal or Director	Signature: (/) llss	5 her	Date:	2/27/24
ASSOCIATE SUPER	INTENDENT APPROVAL:	Yes	No_	
Signature:			Date:	
SUPERINTENDENT	APPROVAL:	Yes	No_	
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Yes	No_	
Signature:	P.		Date:	
BOARD MEMBER A	PPROVAL:	Yes	No_	
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Yes	No_	
Signature:			Date:	
	BOARD APPROVA	AL DATE:		

Please return the completed form to the Superintendent's Office for final processing: boardagenda@uisd.net



United Independent School District Board of Trustees Discretionary Funds Fiscal Year 2023-2024

	Exhibit A	
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Michelle A. Cantu	11		
michellec@uisd.net		7 11 1	
Javier Montemayor Jr.			
Imaginarium of South	Texas - Mo	bile Lab ST	EAM activities for the entire campus.
st: \$1 500			
nature: 11 texallació	antia		Date: 2/23/2024
TENDENT APPROVAL:	Yes		No
· · · · · · · · · · · · · · · · · · ·		Date:	
PPROVAL:	Yes		No
		·	
ROVAL:	Yes		No
		Date:	
PROVAL:	Yes		No
···		Date:	
ROVAL:	Yes		No
		Date:	
	Imaginarium of South St: \$1,500 Character: Michell C! TENDENT APPROVAL: PROVAL: PROVAL: PROVAL:	Imaginarium of South Texas - Modest: \$1,500 gnature:	Imaginarium of South Texas - Mobile Lab ST St: \$1,500 Snature:

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United Independent School District Board of Trustees Discretionary Funds Fiscal Year 2023-2024

	Exhibit A	
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S.		

Requesting Campus: Transportation North			\ \			
Campus Principal: Joe Aranda						
Originators Email: grirodriguez@uisd.net jaranda@uisd.net						
Board Member: Javier Montemayor, Jr.						
Board Member:						
Board Member:						
Description of Request:Transportation No	orth Compound fa	culty and st	aff incentive			
Estimated Cost of Request: \$75.00			-			
Principal or Director Signature: Jose A			Date: 02/23/2024			
ASSOCIATE SUPERINTENDENT APPROV	AL: Yes		No			
Signature:	-					
Signaturo		Duter	1			
SUPERINTENDENT APPROVAL:	Yes		No			
Signature:	:	Date:				
BOARD MEMBER APPROVAL:	Yes		No			
Signature:		Date:				
BOARD MEMBER APPROVAL:	Yes		No			
Signature:		Date:				
BOARD MEMBER APPROVAL:	Yes		No			
Signature:		Date:				
DOADD ADD	OVAL DATE.					

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