



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Approval of Requests from Board Members in re: Use of Board Trustees Discretionary

Funds for Various Campuses and Departments

SUBMITTED BY: Mike Garza **OF:** Associate Superintendent for Student Support Services

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: December 14, 2022

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 Campuses and Departments.

RATIONALE:

BUDGETARY INFORMATION:

POLICY REFERENCE & COMPLIANCE:



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023

Exhibit A

Requesting Campus: Barbara Tasker Elm.

Campus Principal: Melba Gutierrez

Originators Email: melbag@uisd.net

Board Member: Ms. Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: tamalada for Tasker faculty
+ staff (Dec 15th) for 95 people
33 dozen of tamales

Estimated Cost of Request: \$ 330⁰⁰/xx

Principal or Director Signature: Melba Gutierrez Date: 12/1/2022

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
 Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
 Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
 Signature: Michelle Molina by: Briselda Rodriguez Date: 12/08/2022

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

PURCHASE REQUISITION

Pg. 1 of 1

Check Request



VENDOR NAME AND ADDRESS

**Armando Pozas (Iglesia Cristina Vision Inc.)
Armando Pozas**

1118 Espejo Molina Road

Rio Bravo, Texas 78046

Phone _____

Campus _____
Date _____

Fasken _____ Rm # _____
December 7, 2022

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

Budget Code

Account Code

Purchasing Contract Approval Code: _____ Discount: _____

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
33			33 Dozens of Tamales	\$10.00	\$0.00	\$330.00
						\$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	\$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 _____

Page Total: \$330.00

Remarks: _____

Grand Total: \$330.00

Belinda Briseno *B. Briseno* 12/7/22
Originator (PRINT) Date

Budget Coordinator Date

M. Gutierrez 12/7/22
Administrator Signature Date

Other Date



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023

Exhibit A

Requesting Campus: Muller

Campus Principal: Mayra Ramirez

Originators Email: msobro@uisd.net

Board Member: Mrs. Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: In Positive Culture - Holiday incentive
"Tamalada"

Estimated Cost of Request: \$ 3600.00

Principal or Director Signature: Mayra Ramirez Date: 12/2/22

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: Michelle Molina by Eriselda Rodriguez Date: 12/2/22

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.

Muller Elementary School

Orden

Diciembre 12

10 docenas pollo

10 docenas frijol

10 docenas res

10 docenas puerco

Arroz

Frijoles

Salsa

Total \$360.00

Pagado a Nathaly Caloca Garza

5331 Campos dr

Gracias



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023

Exhibit A

Requesting Campus: George Washington Middle School

Campus Principal: Mr. Juan A. Herrera Jr.

Originators Email: jherre03@uisd.net

Board Member: Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: Faculty & Staff Christmas Tamalada Festivity

Estimated Cost of Request: \$ 550.00

Principal or Director Signature: [Signature] Date: December 1, 2022

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: Michelle Molina by Briseida Rodriguez Date: 12/2/22

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

PURCHASE REQUISITION

Pg. 1 of 1



VENDOR NAME AND ADDRESS

Variety Meats #2 #31310
520 Shiloh Dr. Laredo, Texas

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

Budget Code Account Code

Purchasing Contract Approval Code: _____ Discount: _____

Phone 473-7601
Campus GWMS Rm # _____
Date December 7, 2022

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
50			50 Dozens Tamales	\$10.99	\$0.00	\$549.50
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
			BOARD DISCRETIONAY FUNDS	\$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	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax _____

Page Total: \$549.50

Remarks: _____

Grand Total: \$549.50

Gigi Aguirre 12/7/22
Originator (PRINT) Date

Budget Coordinator Date

[Handwritten Signature] 12/07/2022
Administrator Signature Date

Other Date



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023

Exhibit A

Requesting Campus: Kazen Elementary

Campus Principal: Monica Arriaga

Originators Email: Irene.Mayora@uisd.net

Board Member: Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: Tamales for Kazen Elementary Christmas Tamalada

Estimated Cost of Request: \$250.00

Principal or Director Signature: *M Arriaga* Date: 12/6/22

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: *Michelle Molina by: Priscilla Rodriguez* Date: 12/6/22

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

PURCHASE REQUISITION

Pg. 1 of 1

Armando Pozas (Iglesia Cristiana Vision Inc.)



Armando Pozas
1118 Espejo Molina Rd.
Rio Bravo, TX 78046

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

Budget Code

Account Code

Phone (956) 473-4200
Campus Kazen Elementary Rm #
Date December 6, 2022

Purchasing Contract Approval Code: _____ Discount: _____

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
25			Tamales for Tamalada (25 dozen)	\$10.00	\$0.00	\$250.00
				\$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	\$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: \$250.00

Remarks: _____

Grand Total: \$250.00

Sunshine Mayora 12/6/22
Originator (PRINT) Date

Sunshine Mayora
Administrator Signature Date 12/6/22

Budget Coordinator Date

Other Date



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023**

Exhibit A

Requesting Campus: Finley Elementary School

Campus Principal: Kristina Chapa

Originators Email: kchapa@uisd.net

Board Member: Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: Tamalada for 90 employees

Estimated Cost of Request: \$250

Principal or Director Signature: *K Chapa* Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____
Signature: *Michelle Molina by Griselda Rodriguez* Date: *12/2/22*

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

PURCHASE REQUISITION

Pg. 1 of 1



VENDOR NAME AND ADDRESS

Armando Pozas (Vendor #: 43086)

1118 Espejo Molina Rd.

Rio Bravo, Texas 78046

Phone

Campus Date

FINLEY ELEMENTARY Rm #
December 7, 2022

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

Budget Code

Account Code

Approval Code: _____

Discount: _____

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
25			Tamalada for campus staff	\$10.00	\$0.00	\$250.00
				\$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	\$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	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax _____

Page Total: **\$250.00**

Remarks: _____

Grand Total: **\$250.00**

Kristina Chapa *Kristina Chapa* 12/7/22
Originator (PRINT) Date

Budget Coordinator _____ Date

K. Chapa 12/7/22
Administrator Signature Date

Other _____ Date



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023

Exhibit A

Requesting Campus: Transportation Dept

Campus Principal: David Hernandez

Originators Email: davidhe@uisd.net

Board Member: Ricardo Molina

Board Member:

Board Member:

Description of Request: Christmas Breakfast for South Transportation employees

Estimated Cost of Request: \$ 473.00

Principal or Director Signature: [Signature] Date: 11-29-22

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Ricardo Molina, Sr. by Griselda Rodriguez Date: 11/30/22

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.

Revised: July 13, 2022



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Page 1 to 1

VENDOR NAME AND ADDRESS

LA ROSITA TAMALERIA 603
 SHILOH DRIVE
 LAREDO, TEXAS 78045

Fund/YR	Func	Org	Prog. Code	Local Option	Proj Num	Obj.	Sub Object	Amount
1993	34	937	99	0	x	6499	00	

Budget Code

Account Code

Phone

Campus
Date

Transportation
November 30, 2022

Rm #

Approval Code: _____ Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
11	1	BEEF TAMALES	\$11.00	\$11.00	\$121.00
11	2	CHICKEN TAMALES	\$11.00	\$11.00	\$121.00
11	3	BEANS TAMALES	\$11.00	\$11.00	\$121.00
		(SOUTH COMPOUND-DECEMBER 15th-2022)		\$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 \$363.00

Remarks _____ Grand Total \$363.00

Olga E. Benavides 11/30/22
 Originator (PRINT) Date
Olga E. Benavides 11/30/22
 Administrator Signature Date

Budget Coordinator _____ Date _____
 Other _____ Date _____



Invoice

603 SHILOH DR
LAREDO TX
78045

Number 10004

Date 11/14/2022

Bill To
UISD

Ship To
UISD

PO Number

Description	Quantity	Price	Tax1	Amount
BEEF TAMALES	11	\$11.00		\$121.00
CHICKEN TAMALES	11	\$11.00		\$121.00
BEANS TAMALES	11	\$11.00		\$121.00

Amount Paid	\$0.00	Discount	\$0.00
Amount Due	\$363.00	Shipping Cost	\$0.00
		Sub Total	\$363.00
		Sales Tax 8.25% on \$0.00	\$0.00
		Total	\$363.00

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$363.00	\$0.00	\$0.00	\$0.00	\$363.00

OK TO PAY

United Independent School District
South Transportation Department
Department Meeting December 15, 2022

AGENDA

- I. Welcome, Introduction – Jose Aranda
- II. Transportations Updates
- III. Special Needs Updates
- IV. Management of Bus Work orders
- V. Safety Protocols
- VI. Conclusion



Foodservice

David Hernandez <davidh@uisd.net>

Re: Refreshments Dec 14

1 message

Eduardo Martinez <exmartin@uisd.net>
To: David Hernandez <davidh@uisd.net>

Tue, Nov 15, 2022 at 10:54 AM

6 gal hot chov
4 gals coffee
40 juices
Total \$110.00

On Tue, Nov 15, 2022 at 10:46 AM David Hernandez <davidh@uisd.net> wrote:

Good Morning Eddie,

Can you get me a quote for Dec 14, 2022 morning. It will be coffee, hot chocolate, and orange juice delivered at 8 am for about a total of 80 people. It will be paid through discretionary funds and will be in the December board meeting.

Thank you

David Hernandez
Operations Administrator
United ISD
956-473-6372
956-4735239 (Fax)
davidh@uisd.net

"Never let your ego get so close to your position that when your position goes, your ego goes with it." -Colin Powell

Eduardo X. Martinez
Production Supervisor
UISD Child Nutrition Department
6101 Bob Bullock Lp
exmartin@uisd.net
Phone (956) 473-6552
Fax (956) 473-6595



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023**

Exhibit A

Requesting Campus: UNITED HIGH SCHOOL

Campus Principal: JESSICA C. SALAZAR

Originators Email: JCSALAZAR@UISD.NET

Board Member: MICHELLE MOLINA -DISTRICT -6 BOARD SECRETARY

Board Member: Javier Montemayor

Board Member: Francisco Castillo

Description of Request: TAMALADA FOR STAFF ON DECEMBER 19, 2022 BOTH CAMPUSES

Estimated Cost of Request: \$1,225.00 (\$408.33 each)

Principal or Director Signature: [Signature] Date: 12-1-22

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes No
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No
Signature: Michelle Molina by Brusilda Rodriguez Date: 12/2/22

BOARD MEMBER APPROVAL: Yes No
Signature: Francisco Castillo by Brusilda Rodriguez Date: 12/6/22

BOARD MEMBER APPROVAL: Yes No
Signature: Javier Montemayor, Jr by Brusilda Rodriguez Date: 12/6/22

BOARD APPROVAL DATE: _____

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



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION



VENDOR NAME AND ADDRESS

Leonor Garcia

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount
								\$408.33
								\$408.33
								\$408.33

5001 Haynes #1
 Laredo, TX 78041
 Phone 956-508-4715
 Campus UHS Rm # Office
 Date December 2, 2022

Purchasing Contract Approval Code: _____ Discount: _____

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
				\$0.00	\$0.00	\$0.00
350			Tamales for 350 staff members	\$3.50	\$3.50	\$1,225.00
				\$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	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00

Disposition: Check Mail PickUp Fax Page Total: \$1,225.00
 Remarks: _____ will pick up check Grand Total: \$1,225.00

Christine Portillo 12/2/22
 Originator (PRINT) Date

 Administrator Signature Date

 Budget Coordinator Date

 Other Date

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) LEONOR GARCIA CONTRERAS		E-mail
Business name, if different from above COCINA EXPRESS		
Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶		<input type="checkbox"/> Exempt payee
Address (number, street, and apt. or suite no.) 5108 EL SABINAL		Requester's name and address (optional) Matias de Llano, Jr. Elementary School 1415 Shiloh Dr Laredo, Texas 78045 956 473-4000 E-MAIL:
City, state, and ZIP code LAREDO, TEXAS 78046		
List account number(s) here (optional)	Phone (956) 508-4715	Fax Other

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number 926 83 7971
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ <i>Leonor Garcia</i>	Date ▶ <i>05/05/2015</i>
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

void. back



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023

Exhibit A

Requesting Campus: Alexander High School

Campus Principal: Ernesto Sandoval

Originators Email: esandoval@uisd.net eperales@uisd.net

Board Member: Aliza F. Oliveros

Board Member: Javier Montemayor

Board Member:

Description of Request: To purchase paint and other materials for campus beautification.

Estimated Cost of Request: \$1,000.00 (\$500/ea)

Principal or Director Signature: Mike Garza Date:

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Aliza F. Oliveros by: Priscelda Rodriguez Date: 12/6/2022

BOARD MEMBER APPROVAL: Yes No
Signature: Javier Montemayor, Jr. by: Priscelda Rodriguez Date: 12/6/2022

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 2022-2023

Exhibit A

Requesting Campus: Kennedy-Zapata Elementary

Campus Principal: Yolanda Mauricio

Originators Email: crodriguez@uisd.net

Board Member: Ricardo Molina, Sr.

Board Member:

Board Member:

Description of Request: To purchase popcorn machine to provide snack as student and staff incentive.

Estimated Cost of Request: \$424.90

Principal or Director Signature: Yolanda Mauricio Date:

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Ricardo Molina, Sr. by Griselda Rodriguez Date: 12/06/2022

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

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

AMAZON
R-TC-17006 / VENDOR #34821



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

Budget Code

Account Code

Approval Code: _____

Discount: _____

Phone _____

Campus _____

Date _____

KENNEDY-ZAPTA ELEM. Rm # _____

December 6, 2022

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1			6208 Great Northern TopStar Commercial Popcorn Machine	\$327.98	\$327.98	\$327.98
1			Perfectware 8oz Popcorn Case of 36 packs	\$59.93	\$59.93	\$59.93
1			500 pcs Paper Popcorn Bags	\$36.99	\$36.99	\$36.99
				\$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	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax _____

Page Total: \$424.90

Remarks: ATTENDANCE INCENTIVES

Grand Total: \$424.90

Y. MAURICIO-ALVAREZ
Originator (PRINT) 12/6/22 Date

Budget Coordinator Date

Administrator Signature 12/6/22 Date

Other Date

Shopping Cart



500 Pieces Paper Popcorn Bags, 1 oz Popcorn Bags Individual Servings for Popcorn Machine Party, Pop Corn Bag Bulk

In Stock

Prime & FREE Returns

This is a gift. Learn more

Number of Items: 500

Qty: 1

Save for later

Compare with similar items

Price

\$36.99

Save \$5.00
Clip Coupon

Perfectware 8oz Popcorn Portion Packs- Case of 36 Packs

In Stock

Prime

Gift options not available. Learn more

Qty: 1

Save for later

Compare with similar items



\$59.93



6208 Great Northern TopStar Commercial Quality Bar Style Popcorn Popper Machine, 12oz

In Stock

Prime

This is a gift. Learn more

Color: Red

Qty: 1

Save for later

Compare with similar items

\$327.98

Subtotal (3 items): **\$424.90**



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023

Exhibit A

Requesting Campus: Salvador Garcia Middle School

Campus Principal: Dr. Jonathan Martinez

Originators Email: jmartinez10@uisd.net

Board Member: Ricardo Molina

Board Member:

Board Member:

Description of Request: STUDENT INCENTIVES \$500.00 WALMART

Estimated Cost of Request: \$ 500.00

Principal or Director Signature: [Signature] Date: 12-8-22

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Ricardo Molina, Jr. by Griselda Rodriguez Date: 12/7/2022

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.

Revised: July 13, 2022



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1



VENDOR NAME AND ADDRESS

WAL-MART

2320 Bob Bullock Lp.
 Laredo Texas 78041
 Phone 956-7913303
 Campus SGMS Rm #
 Date December 7, 2022

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

Budget Code Account Code

Purchasing Contract Approval Code: _____ Discount: _____

Qty	Commodity Code	Item #	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
				\$0.00	\$0.00	\$0.00
50			BALLS	\$10.00	\$10.00	\$500.00
				\$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	\$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: *KFP 2020-605*

Grand Total: \$500.00

Dr. Jonathan Martinez 12/7/22
 Originator (PRINT) Date

Budget Coordinator Date

[Signature] 12/7/22
 Administrator Signature Date

Other Date



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2022-2023

Exhibit A

Requesting Campus: John W. Arndt Elementary School

Campus Principal: Juanita Zepeda

Originator's Email: jzepeda@uisd.net

Board Member: Ricardo Molina

Board Member:

Board Member:

Description of Request- Popcorn machine is needed for students incentives for perfect attendance.

Estimated Cost of Request: \$425.00

Principal or Director Signature: [Signature] Date: 12/9/22

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Ricardo Molina, Sr by Griselda Rodriguez Date: 12/9/22

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.

Revised: September 17, 2019