



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: Ramiro Veliz, III **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: September 17, 2019

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 Projects/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

POLICY REFERENCE & COMPLIANCE:



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Central Office-Administration

Campus Principal: Gloria S. Rendon

Board Member: Ramiro Veliz, Javier Montemayor, Ricardo Rodriguez, Ricardo Molina,

Board Member: Juan Roberto Ramirez, Judd Gilpin, Aliza Flores-Oliveros

Description of Request: To pay for 2019-2021 UISD Shirts displaying/promoting new slogan
"U-Belong, U-Evolve, U Achieve".

Estimated Cost of Request: \$35,000.00 (\$5,000.00/Each)

Principal or Director Signature: _____ Date: 08/26/19

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Briselda Rodriguez for
Ramiro Veliz, Ricardo Rodriguez, Javier Montemayor Date: 08/26/19

BOARD MEMBER APPROVAL: Yes No _____

Signature: Briselda Rodriguez for
Aliza Flores-Oliveros, Judd Gilpin, Juan R. Ramirez Date: 08/26/19

BOARD MEMBER APPROVAL: Yes No _____

Signature: Briselda Rodriguez for
Mr. Ricardo Molina Date: 08/26/19

BOARD APPROVAL DATE: _____

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 2019-2020

Requesting Campus: Paciano Prada Elementary

Campus Principal: Vanessa Saldaña

Board Member: Ricardo Molina

Board Member: _____

Description of Request: Money will be used to purchase students incentives (\$3,000.00)
and traffic cones/barriers (\$1,000.00)

Estimated Cost of Request: \$ 4,000.00

Principal or Director Signature: *Vanessa Saldaña*

Date: 09/03/2019

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes No

Signature: *Priselda Rodriguez*
for Ricardo Molina, Sr.

Date: 08-26-19

BOARD MEMBER APPROVAL: Yes No

Signature: _____

Date: _____

BOARD APPROVAL DATE: _____

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 2018-2019

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: MR. ARMANDO SALAZAR

Board Member: RAMIRO VELIZ III

Board Member: _____

Board Member: _____

Description of Request: \$5000.00 TO BE USED FOR STUDENT INCENTIVES SUCH AS SNACKS FOR TUTORIALS AND ACADEMIC INCENTIVES

Estimated Cost of Request: \$5000.00

Principal or Director Signature: *Armando Salazar* Date: 8/29/19

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

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

BOARD MEMBER APPROVAL: *Diselda Rodriguez* Yes No _____
Signature: *for Mr. Ramiro Veliz III* Date: 08-29-19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: ARMANDO SALAZAR

Board Member: RICARDO MOLINA (\$2,000.00)

Board Member: RAMIRO VELIZ, III (\$2,000.00)

Board Member:

Description of Request: TO COVER EXPENSES FOR CHEER AND DANCE TEAM STATE COMPETITION

Estimated Cost of Request: \$4,000.00

Principal or Director Signature: [Signature] Date: 8/27/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Ricardo Molina by A. Salazar Date: 8/27/19

BOARD MEMBER APPROVAL: Yes No
Signature: Ramiro Veliz III by A. Salazar Date: 8/27/19

BOARD MEMBER APPROVAL: Yes No
Signature: Date:

BOARD APPROVAL DATE:

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 2019-2020

Requesting Campus: Colonel Santos Benavides School

Campus Principal: Dr. Adriana Vela

Board Member: Mr. Judd Gilpin

Board Member: Mrs. Aliza Flores Oliveros

Board Member: Mr. Javier Montemayor

Description of Request: I am requesting a standard wall mount Interactive Flat Panel for our conference room. We continue to be a large campus and my conference room is very packed during grade level meetings, Special Ed, ARD meetings, Section 504 meetings and other special trainings and events. An Eiki/Elmo is actually a safety hazard in our conference room during our meetings. An IFP will free so much needed space. I already bought petite chairs that have helped the problem some, but an IFP is what we need to have more efficient meetings with space for the staff and guests to comfortably learn and interact in the meetings. We have many parents and advocates that come to our special population meetings. In our grade levels, I expect all supporting staff to attend the meetings, i.e. special ed., dyslexia, librarian, often aides, special presenters, many student teachers, plus administration and the teachers in each grade level. Additional computer equipment will not fit in our crowded conference (i.e. a lap top, desktop or Eiki/Elmo). An IFP would help all educators conducting meetings where paperwork/presentations need to be seen by all. We have large numbers of Section 504 and special ed. students, and our parents are very demanding, as they should be, and request meetings very often and of course we comply. Our conference table has 10 chairs. I always have four chairs in my office so that we can move in the chairs for meetings. The problem only rises when we add the additional chairs, which is honestly during every meeting. Mrs. Cordelia Jackson has given me a quote of a standard wall mount IFP at \$5,801.00. I thank you for your time and consideration. I appreciate everything that you do for us.

Estimated Cost of Request: \$5,801.00 (\$1933.67 each)

Principal or Director Signature: Adriana Vela Date: August 1, 2019

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Priscilla Rodriguez for Mrs. Aliza Flores-Oliveros Date: 08-26-19

BOARD MEMBER APPROVAL: Yes No

Signature: Priscilla Rodriguez for Mr. Judd Gilpin Date: 08-26-19

BOARD MEMBER APPROVAL: Yes No

Signature: Priscilla Rodriguez for Mr. Javier Montemayor Date: 08-26-19

BOARD APPROVAL DATE:

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



Maria Salinas <axsalina@uisd.net>

Discretionary Funds Request - Willing to wait until August 2019

2 messages

Adriana Vela <avela70@uisd.net>

Wed, Jun 5, 2019 at 7:10 AM

To: alizafoliveros@uisd.net, Javier Montemayor <jm.uisd@gmail.com>, jgilpin@gilpinengineering.com

Cc: Cynthia Rodriguez <crodrig@uisd.net>, Gloria Rendon <grendon@uisd.net>, Guadalupe Narvaez Eads <guadalupe.eads@uisd.net>, Alejandra Salinas <axsalina@uisd.net>, "Belinda E. Salazar" <bsalazar@uisd.net>, Judith Garcia <judithg@uisd.net>, Cordelia H Jackson <cflores@uisd.net>

Good morning Mrs. Oliveros, Mr. Gilpin and Mr. Montemayor. I just wanted to let all of you know that I am more than willing to wait until August 2019, or for the beginning of the 2019-20 school year, for your approval of the attached discretionary funds request for the Interactive Flat Panel (IFP) in our conference room. I understand that funds are not available at the end of the year. Mr. Gilpin had already approved \$1934 for this school year, and I so much appreciate this. Mr. Gilpin I am hoping that you can approve these funds in August 2019 instead, since I do not have the funds to cover the entire amount of the IFP. I would love to wait and see if Mrs. Oliveros and Mr. Montemayor may also approve this amount in August 2019 when the new school year starts. I highly value each of you and your contributions to the success of our district, and more specifically our school. I anticipate your approval. Thank you and have a beautiful summer.

Dr. Adriana Vela, Principal

Be nothing but your BEST today! Our students deserve it.**Colonel Santos Benavides School**

10702 Kirby Drive

Laredo, TX 78041

(956) 473-4902

 CSBS Discretionary Funds Request August 1, 2019.docx
73K

Adriana Vela <avela70@uisd.net>

Wed, Jun 5, 2019 at 7:15 AM

To: alizafoliveros@uisd.net, Javier Montemayor <jm.uisd@gmail.com>, jgilpin@gilpinengineering.com

Cc: Cynthia Rodriguez <crodrig@uisd.net>, Gloria Rendon <grendon@uisd.net>, Guadalupe Narvaez Eads <guadalupe.eads@uisd.net>, Alejandra Salinas <axsalina@uisd.net>, "Belinda E. Salazar" <bsalazar@uisd.net>, Judith Garcia <judithg@uisd.net>, Cordelia H Jackson <cflores@uisd.net>

My apologies. Attached is the form with my signature. Thank you.

[Quoted text hidden]

[Quoted text hidden]

 CSBS Discretionary Funds Request August 1, 2019.pdf
225K



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: United Middle School

Campus Principal: Rosana M. Arizola

Board Member: Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: Incentives for Teachers/Staff

Estimated Cost of Request: \$5,000.00

Principal or Director Signature: *R. Arizola* Date: August 20, 2019

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: *Brizelda Rodriguez for Mrs. Aliza Flores Oliveros* Date: *08-26-19*

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ms. Aliza Flores Oliveros

Board Member:

Board Member:

Description of Request: Cadaver Lab Trip

Estimated Cost of Request: \$5,000.00

Principal or Director Signature: [Signature] Date: 8/19/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Briselda Rodriguez for Mrs. Aliza Flores-Oliveros Date: 08-26-19

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.



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: No Red Ink ELA Computer Based Instructional Program

Estimated Cost of Request: \$6,000.00

Principal or Director Signature:  Date: 8/22/19

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: Guacolda Rodriguez for Aliza Flores-Oliveros Date: 08-26-19

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

No Red Ink

118 2nd Street
San Francisco, CA 94105

Phone 425-259-8421
Campus Alexander HS
Date Aug. 23, 2019

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		NRI Premium Site License(Conventions)	\$7,500		\$7,500.00
			\$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

Disposition: Check _____ Mail _____ PickUp _____ Fax _____ Page Total \$7,500.00
 Remarks _____ Grand Total \$7,500.00

Originator (PRINT) _____ Date _____
 Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____



Customer name: John B Alexander H S TX
Primary contact name: Michele Lopez

Billing address: 3600 E DEL MAR LAREDO, TX 78041
Primary contact email: miclop@uisd.net

Service start date: 08-01-2019
Service end date: 06-30-2020

SUMMARY

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL PRICE
NoRedInk Premium Site License (Conventions) NoRedInk Premium Site License for all students, including access to the entire writing platform, plus virtual, self-guided PD for all teachers	1	\$7,500.00	\$7,500.00
TOTAL:			\$7,500.00

Please sign and return to: heather.lanham@noredink.com

Contract terms: This Order Form incorporates and is subject to the Master Services Terms — collectively the "Agreement" — and constitutes a binding contract entered into by and between NoRedInk Corp. ("NoRedInk"), a Delaware corporation with its principal place of business at 118 2nd Street, San Francisco, CA 94105, and the entity listed below as client ("Client"). The Master Services Terms are available at: <https://www.noredink.com/master-services-terms>

NoRedInk Corp. Signature	John B Alexander H S TX Signature
Signature:	Signature:
Name:	Name:
Title:	Title:
Date:	Date:



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: Band-Purchase of General Supplies, equipment, music and resources for Fall 2019/Spring 2020 productions and contest

Estimated Cost of Request: \$10,000.00

Principal or Director Signature:  Date: 8/22/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Briselda Rodriguez for Mrs. Aliza Flores-Oliveros Date: 08-26-19

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

VENDOR NAME AND ADDRESS

TRANSFER to AHS Band Budget

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount
1990	11	003	11		0006399ABD		Supplies	

Budget Code Account Code

Phone X5830
 Campus Alexander HS
 Date August 5, 2019

Approval Code: _____ Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
	S&H	SHIPPING AND HANDLING		\$0.00	\$0.00
1	GRAND TOTAL	Purchase of General Supplies, equipment, music, and resources for Fall 2019/Spring 2020 productions and contests.	\$10,000.00	\$10,000.00	\$10,000.00
				\$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 \$10,000.00
 Remarks _____ Grand Total \$10,000.00

Joshua A. Martinez 6/18/19
 Originator Date
 Administrator Signature Date

Budget Coordinator _____ Date _____
 Other _____ Date _____



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Ms. Aliza Flores Oliveros

Board Member: _____

Board Member: _____

Description of Request: Band- Fall/Spring Consultants

Estimated Cost of Request: \$10,000.00

Principal or Director Signature:  Date: 8/26/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Priscilla Rodriguez for Mrs. Aliza Flores-Oliveros Date: 08-26-19

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

Consultant Fees Fall 2019/ Spring 2020 Band

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount
1990	11	3	11	0	6291	BD		\$10,000.00

Budget Code

Account Code

Phone

Campus

Date

John B. Alexander High School

8/23/19

Approval Code: _____ Discount: _____

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
		Band Fall/Spring Consultants	10,000		\$10,000.00
			\$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 \$10,000.00
 Remarks _____ Grand Total \$10,000.00

Joshua Martinez
 Originator (PRINT) _____ Date _____
 Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____



Exhibit A

United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Mr. Ricardo Molina, Sr.

Board Member: _____

Board Member: _____

Description of Request: Moneys will be used for transportation, meals and tour fee for senior magnet students, nursing class students and forensic class students to observe a human cadaver lab in Bulverde, Texas. One trip in the fall semester and two in the spring semester.

Estimated Cost of Request: \$1,200.00

Principal or Director Signature: Date: 8/22/15

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Priselda Rodriguez for Ricardo Molina Date: 08-26-19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Mr. Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request: Landscaping for Ag Project (dirt, etc.)

Estimated Cost of Request: \$6,000.00

Principal or Director Signature: _____ Date: 9/3/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Druselda Rodriguez Yes _____ No _____

Signature: for Javier Montemayor Date: 09/03/19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: RODOLFO C. CENTENO ELEMENTARY

Campus Principal: MS. AMABILIA GONZALEZ

Board Member: MR. RICARDO MOLINA, SR.

Board Member:

Board Member:

Description of Request: (P.O.'s will be forthcoming) Student STAAR Shirts/TV's for Cafeteria + Fayer

Requisitions will be emailed as soon as they are ready. (See Attached)

Estimated Cost of Request: \$4,000.00

Principal or Director Signature: [Signature] Date: Aug. 16, 2019

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Griselda V. Rodriguez for Ricardo Molina Date: 08-26-19

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

WALMART

4401 S ZAPATA HWY

LAREDO, TX 78041

Phone 727-0482

Campus R. C. CENTENO ELEM. Rm #

Date August 28, 2019

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

Budget Code

Account Code

Approval Code: DISC. FUNDS Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1	571060049	SAMSUNG 55" SMART TV	\$377.99	\$377.99	\$377.99
1	567145660	VIZIO 70" SMART TV	\$778.00	\$778.00	\$778.00
2	574065860	SAMSUNG 5.1 CHANNEL SOUNDBAR	\$397.99	\$397.99	\$795.98
				\$0.00	\$0.00
				\$0.00	\$0.00
		(FOR CAFETERIA AND FRONT FOYER)		\$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 \$1,951.97
 Remarks PLEASE SEND TO CAMPUS FOR PUP. THANK YOU! Grand Total \$1,951.97

AMABILIA GONZALEZ 8/28/19
 Originator (PRR) Date
 Administrator Signature *Amabilia Gonzalez* Date 8/26/19

Budget Coordinator _____ Date _____
 Other _____ Date _____



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

ADRIANS PROMOTIONS

1020 GALVESTON

LAREDO, TX 78040

Phone 724-3000

Campus R. C. CENTENO ELEM. Rm #

Date August 28, 2019

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

Budget Code

Account Code

Approval Code: DISC. FUNDS Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
387	t-shirts	STUDENT STAAR TEST SHIRTS (3RD, 4TH, 5TH)	\$5.00	\$5.00	\$1,935.00
				\$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 \$1,935.00
 Remarks PLEASE EMAIL TO: hugoadrian88@yahoo.com Grand Total \$1,935.00

AMABILIA GONZALEZ 9/1/19
 Originator (PRINT) _____ Date _____
 Administrator Signature *[Signature]* 9-1/15
 _____ Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: UNITED MIDDLE SCHOOL

Campus Principal: ROSANA ARIZOLA

Board Member: JAVIER MONTEMAYOR

Board Member: ALIZA FLORES OLIVEROS

Board Member: JUDD GILPIN

Description of Request: TO COVER COMPETITION TRAVEL EXPENSES FOR THE DANCE TEAM

Estimated Cost of Request: \$6,000.00

Principal or Director Signature: [Signature] Date: 9/5/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes [checked] No

Signature: [Signature] Date: 9/4/19

BOARD MEMBER APPROVAL: Yes [checked] No

Signature: [Signature] Date: 9/5/19

BOARD MEMBER APPROVAL: Yes [checked] No

Signature: [Signature] Date: 9/5/19

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 2019-2020

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Juan Roberto Ramirez

Board Member:

Board Member:

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: Rebecca Coss-Morales Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Juan Roberto Ramirez by D. Salinas Date: 9/4/19

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 2019-2020

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: Rebecca Coss-Morales Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ✓ No _____

Signature: for Javier Montemayor Oriselda Rodriguez Date: 09/05/19

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 2019-2020

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Aliza Flores-Oliveros

Board Member: _____

Board Member: _____

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: Rebecca Coss-Morales Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Driscella Rodriguez Yes No _____

Signature: for Aliza Flores-Oliveros Date: 09-05-19

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 2019-2020

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Ricardo Rodriguez

Board Member:

Board Member:

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: Rebecca Coss-Morales Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: for Ricardo Rodriguez Date: 09/05/19

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 2019-2020

Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Ricardo Molina

Board Member:

Board Member:

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$1,200

Principal or Director Signature: [Signature] Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Griselda Rodriguez for Mr. Ricardo Molina, pr. Date: 09/05/19

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 2019-2020**

Requesting Campus: Kennedy-Zapata Elementary School

Campus Principal: Thelma J. Martinez

Board Member: Ricardo Molina Sr.

Board Member: _____

Description of Request: Teachers Month Action Calendar, Ink Cartridges and Drums for Classroom Printers, and Laminating Film for instructional material.

Estimated Cost of Request: \$4,992.97

Principal or Director Signature: *[Handwritten Signature]*

Date: 9-5-19

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: *Brizilda Rodriguez* Yes No _____

Signature: *for Mr Ricardo Molina, Sr.* Date: 09-05-19

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

MAGNATAG

2031 O'NEILL ROAD
 MACEDON, NY 14502-8953

Phone 1-800-624-4154

Campus **KENNEDY-ZAPATA**
 Date **August 30, 2019**

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	GW7148M	TEACHERS MONTH ACTION CALENDAR	\$1,269.00		\$1,269.00
1		SHIPPING & HANDLING	\$153.48		\$153.48
		Quote # ED00015780	\$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 debs@magnatag.com

Page Total

\$1,422.48

Remarks Please email PO to ATTN: Deborah at debs@magnatag.com

Grand Total

\$1,422.48

T. MARTINEZ 8/30/19
 Original (PRINT) Date
 8/30/19
 Administrator Signature Date

 Budget Coordinator Date

 Other Date



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 2

VENDOR NAME AND ADDRESS

ADVANTAGE IMAGING SUPPLY

32234 PASEO ADELANTO, STE F

SAN JUAN CAPISTRANO, CA 92675-3622

Phone 1-800-805-7720

Campus KENNEDY-ZAPATA ELEM. Rm #

Date September 5, 2019

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
5	43979201	OKI B430 HIGH YIELD TONER CARTRIDGE	\$102.35	\$102.35	\$511.75
5	43979001	OKI B430 IMAGE DRUM	\$152.95	\$152.95	\$764.75
1	44469801	OKI MC362W BLACK TONER CARTRIDGE	\$76.25	\$76.25	\$76.25
1	44469701	OKI MC362W YELLOW TONER CARTRIDGE	\$112.75	\$112.75	\$112.75
1	44469702	OKI MC362W MAGENTA TONER CARTRIDGE	\$112.75	\$112.75	\$112.75
1	44469703	OKI MC362W CYAN TONER CARTRIDGE	\$112.75	\$112.75	\$112.75
1	E260A11A	LEXMARK E260 HIGH YIELD TONER CARTRIDGE	\$117.95	\$117.95	\$117.95
1	45807105	OKI MB492 HIGH YIELD TONER CARTRIDGE	\$93.75	\$93.75	\$93.75
1	44574301	OKI MB492 IMAGE DRUM	\$151.65	\$151.65	\$151.65
1	77-E352H11A	LEXMARK E350 HIGH YIELD TONER CARTRIDGE	\$79.00	\$79.00	\$79.00
1	E260X22G	LEXMARK E350 PHOTOCONDUCTOR KIT	\$45.50	\$45.50	\$45.50

Disposition: Check Mail PickUp Fax ATTN: JAMES REID 1-949-388-8304 Page Total **\$2,178.85**
 Remarks _____ Grand Total **\$2,178.85**

T. MARTINEZ
 Originator (PRINT) _____ Date **9/5/19**
 Administrator Signature _____ Date **9/5/19**

Budget Coordinator _____ Date _____
 Other _____ Date _____



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 2 of 2

VENDOR NAME AND ADDRESS

ADVANTAGE IMAGING SUPPLY

32234 PASEO ADELANTO, STE F

SAN JUAN CAPISTRANO, CA 92675-3622

Phone 1-800-805-7720

Campus KENNEDY-ZAPATA ELEM. Rm #

Date September 4, 2019

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	43324420	OKI C6100 BLACK TONER CARTRIDGE	\$95.25	\$95.25	\$95.25
1	43324417	OKI C6100 YELLOW TONER CARTRIDGE	\$149.95	\$149.95	\$149.95
1	43324418	OKI C6100 MAGENTA TONER CARTRIDGE	\$149.95	\$149.95	\$149.95
1	43324419	OKI C6100 CYAN TONER CARTRIDGE	\$149.95	\$149.95	\$149.95
				\$0.00	\$0.00
		Quote # JR-7428		\$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 ATTN: JAMES REID 1-949-388-8304 Page Total: **\$545.10**
 Remarks: _____ Grand Total: **\$2,723.95**

T. MARTINEZ 9/5/19
 Originator (PRIM) Date
 Administrator Signature Date

 Budget Coordinator Date

 Other Date



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

WAREHOUSE

3501 E. SAUNDERS
LAREDO, TEXAS 78041

Phone _____
Campus **KENNEDY-ZAPATA**
Date **September 4, 2019**

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
42	1190	LAMINATING FILM 25 X 500	\$20.16		\$846.54
			\$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 **\$846.54**
Remarks _____ Grand Total **\$846.54**

T MARTINEZ **9/4/19**
Originator (PRINT) _____ Date
[Signature] **9/4/19**
Administrator Signature _____ Date

Budget Coordinator _____ Date

Other _____ Date



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: Los Obispos Middle School

Campus Principal: Jessica C. Salazar

Board Member: Ricardo Molina Sr.

Board Member:

Board Member:

Description of Request: Storage shed and furniture for school functions (parent meetings, Student of the month, Award Ceremonies, etc...)

supplies and decor including 22 round and 12 rectangular tables, 250 folding chairs, tablecloths, chair covers, etc...

Estimated Cost of Request: \$4,500.00

Principal or Director Signature: [Signature] Date: 9-5-19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes [checked] No
Signature: [Signature] Date:

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: Los Obispos Middle School

Campus Principal: Jessica C. Salazar

Board Member: Ramiro Veliz

Board Member:

Board Member:

Description of Request: Student Award Medals and Trophies for educational achievements such as STAAR Masters, A/A&B Honor Roll, Perfect Attendance, Top Ten, Student of the Month, etc...

Estimated Cost of Request: \$2,500.00

Principal or Director Signature: [Signature] Date: 9-5-19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes [checked] No
Signature: [Signature] (R. Veliz) Date:

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Salvador Garcia MS

Campus Principal: Alfredo Palapa

Board Member: Ricardo Molina

Board Member: Ricardo Molina

Description of Request:

Scoring Table for the Gym, Mariachi Instruments, and Two-Way Radios to ensure safety for students

Estimated Cost of Request: \$10,818

Principal or Director Signature: [Signature] Date: 9/6/19

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

SUPERINTENDENT APPROVAL: Yes ___ No ___
Signature: ___ Date: ___

BOARD MEMBER APPROVAL: Yes [checked] No ___
Signature: for Mr. Ricardo Molina, Sr. Date: 09-06-19

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

TRONIK TECHNOLOGIES

9807 MINES RD SUITE 10

LAREDO TX 78045

Phone 956-568-4638

Campus SGMS

Date August 26, 2019

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

Approval Code: **DISCRETIONARY** Discount: _____

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
					\$0.00
8		MOTOROLA TWO WAY RADIO BATTERY LIFE 15 HRS, 2WATTS, 5 CHANNELS RANGE 250,000 SQ FEET 20 FLOORS ANALOG 2 YEARS WARRANTY	\$275.00		\$2,200.00
8		BASIC PROGRAMMING	\$8.00		\$64.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
			\$0.00		\$0.00
		RFP 2018-049	\$0.00		\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax _____ Page Total **\$2,264.00**
 Remarks **DISCRETIONARY** Grand Total **\$2,264.00**

Originator **ALFREDO PALAPA** Date **8/26/19**
 Administrator Signature *[Signature]* Date **9/13/19**

Budget Coordinator _____ Date _____
 Other _____ Date _____

TX DPS LICENSE # B18669

PROPOSAL 19103



TECHNOLOGIES

9807 MINES RD. SUITE 10 LAREDO, TX 78045 PHONE: (956) 568-4638 SALES@TRONIKTECH.COM

NAME:	SALVADOR GARCIA MIDDLE SCHOOL	DATE	August 29, 2019
ADDRESS	499 PENA DRIVE, RIO BRAVO	LAREDO, TEXAS	78046
PHONE	(956) 473-8909	EXPIRATION DATE	September 15, 2019

QUANTITY	DESCRIPTION	U/P	TOTAL
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
8	MOTOROLA TWO WAY RADIO BATTERY LIFE 15HRS, 2 WATTS, 5 CH RANGE 250,000 SQ FEET 20 FLOORS ANALOG 2 YEARS WARRANTY	\$ 275.00	\$ 2,200.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
8	BASIC PROGRAMMING	\$ 8.00	\$ 64.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
DELIVERY TIME :3-5 BUSINESS DAYS			
		SUB-TOTAL	\$ 2,264.00
		SHIPPING	\$ 35.00
		AMOUNT	\$ 2,299.00
		SALES TAX	
			\$ -
		TOTAL (USD)	\$ 2,299.00

AUTHORIZED BY:

NAME
SIGNATURE _____

DATE _____

SURVEILLANCE SYSTEMS - ACCESS CONTROL - AUDIO - VIDEO - DATA - IP TELEPHONE SYSTEMS
COMMUNICATION TOWERS - PAGING SYSTEMS - WIFI SOLUTIONS - VEHICULAR ACCESS CONTROL

- 1- 50% REQUIRED IN ADVANCED.
- 2- All sales are FINAL after 15 days.
- 3- Merchandise to be returned is subject to a 20% RESTOCKING FEE charge.
- 4- IF having any missing parts will be extra charge upon condition.
- 5- Return checks are subject to a \$35.00 charge.
- 6- 3 % interest charge per month on all past due invoices.
- 7- New products have a one-year limited warranty unless otherwise specified.
(Customer pays shipping/handling fees + installation fee unless it falls under #10)
- 8- Customer agrees to pay all collection expenses, including but not limited to attorney's fee and court expense.
- 9- No warranty or return on any physically damaged merchandise.
- 10- 1 YEAR warranty on any installation or service.
- 11- The guarantee is lost in the following cases.
 - Electrical discharges
 - Physical damage to equipment.
 - Fires.
 - Floods.
 - Damages caused by service performed by other persons.
- 12- NO cash refunds after 10 days.
- 13- 80% Deposit required on all special orders
- 14- All special orders may not be cancelled and all deposits are non-Refundable.
- 15- Make all checks payable to [TRONIK TECHNOLOGIES]



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

VENDOR NAME AND ADDRESS

THE BAND SHOP

1805 E. DEL MAR BOULEVARD, SUITE 119
LAREDO, TEXAS 78041

Phone 958-588-5210

Campus Salvador Garcia M.S. Rm # BAND HALL

Date September 6, 2019

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

Budget Code

Account Code

Approval Code: _____ Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
		SHIPPING AND HANDLING		\$0.00	\$0.00
7	Rosin	Pirastro Violin Rosin	\$13.00	\$13.00	\$91.00
7	Strings	Guadalupe Guitarron Strings	\$30.00	\$30.00	\$210.00
7	Strings	Vihuela Strings	\$10.00	\$10.00	\$70.00
8	Tuners	D'Addario Tuner Violins	\$18.00	\$18.00	\$144.00
7	Tuners	Equinox Guitar Tuners	\$24.00	\$24.00	\$168.00
9	Strings	Guitar Strings	\$8.00	\$8.00	\$72.00
6	Mouthpieces	Bach 3c, 5c Trumpet mouthpieces	\$50.00	\$50.00	\$300.00
6	Strings	Dominant Violin Strings	\$75.00	\$75.00	\$450.00
				\$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: Pickup _____ Mail _____ Fax _____

Page Total \$1,505.00

Remarks DISCRETIONARY FUNDS FOR MARIACHI LOS BRAVITOS

Grand Total \$1,505.00

Originator (PRINT) Roberto Ortiz Date 9/6/19

Budget Coordinator _____ Date _____

Administrator Signature _____ Date _____

Other _____ Date _____

THE BAND



SHOP

bandshop@hotmail.com

The Band Shop

1605 E. Del Mar BLVD Ste 119

Laredo, Tx 78041

956-568-5210

bandshop@hotmail.com

Bill To: Salvador Garcia Middle School
 Salvador Garcia Middle School
 499 Pena Drive
 Laredo, Tx 78046
 956-473-5028

Order Status: Open

Item Name	Attribute	Size	Qty	Sold	Due	Price	Ext Price	Tax
Castro Gold Rosin			7	0	7	\$13.00	\$91.00	T
Castro Guitarron Silvered			7	0	7	\$30.00	\$210.00	T
Castro Vln. Standard			7	0	7	\$10.00	\$70.00	T
Addario NS Micro Tuner Violin			8	0	8	\$18.00	\$144.00	T
Addario Equinox Tuner			7	0	7	\$24.00	\$168.00	T
Addario EJ45			9	0	9	\$8.00	\$72.00	T
Each 3C Trumpet Mpc			6	0	6	\$50.00	\$300.00	T
Dominant Violin String	3B		6	0	6	\$75.00	\$450.00	T
	medium		6	0	6	\$75.00	\$450.00	T
Total Qty Ordered:			57	0	57			

Percent Unfilled: 100

Exempt Subtotal: \$1,505.00
 0 % Tax + \$0.00
TOTAL: \$1,505.00
 Deposit Balance: \$0.00
 Balance Due: \$1,505.00

Thank you for your order!



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

VENDOR NAME AND ADDRESS

ARTE LATINO

2216 SANTA MARIA AVENUE
LAREDO, TEXAS 78040

Phone 956-220-5814

Campus Salvador Garcia M.S. Rm # BAND HALL

Date September 6, 2019

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

Budget Code

Account Code

Approval Code: _____ Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
		SHIPPING AND HANDLING		\$0.00	\$0.00
2	VIHUELA	VIHUELA PALO ESCRITO WITH HARD CASE	\$219.00	\$219.00	\$438.00
4	GUIARRON	GUIARRON PALO ESCRITO WITH HARD CASE	\$460.00	\$460.00	\$1,840.00
				\$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: Pickup _____ Mail _____ Fax _____

Page Total \$2,278.00

Remarks DISCRETIONARY FUNDS FOR MARIACHI LOS BRAVITOS

Grand Total \$2,278.00

Originator Roberto Ortiz Date 9/6/19

Administrator Signature [Signature] Date 9/6/19

Budget Coordinator _____ Date _____

Other _____ Date _____



SALVADOR GARCIA MIDDLE SCHOOL
Mr. Roberto Ortiz:

8-30-2019

Based in your request for quote of: GUITARRONES AND VIHUELAS WITH CASE II, we are pleased to present the following:

ITEM	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	02	Vihuela Paloescrito wood With Hard Case TEMPO	\$219.00	\$438.00
2	04	guitarron Paloescrito wood With Hard Case TEMPO	\$460.00	\$1,840.00
				\$2,278.00

Price in US Dollars
Quote based on a complete order
No Tax included
Delivery Time: 2 to 3 weeks
Terms: NET 30
F. O. B. AT YOUR SCHOOL

Quotation Valid for 30 Days

Waiting for your kind order.

SINCERLY

Marcela Montemayor.

General Manager

Email: marcelamontemayor77@ive.com / rogelioqz@gmail.com
Laredo, TX
001 (956)220-5614

ARTE LATINO IMPORTS CO.
2216 SANTA MARIA AVE., LAREDO TEXAS 78040
(956)220-5614



SHAR School Sales QUOTE

2465 S. Industrial
Ann Arbor, MI 48104
Phone: 866.742.7261
Fax: 800.997.8723
schools@sharmusic.com

Invoice To:

ACCOUNTS PAYABLE
UNITED ISD
201 LINDENWOOD DRIVE

LAREDO, TX 78045
UNITED STATES

Ship To:

ACCOUNTS PAYABLE
UNITED ISD
201 LINDENWOOD DRIVE

LAREDO, TX 78045
UNITED STATES

SHAR Order Number:	Account Number:	Payment Method:	PO Number:	Order Date:
P1717597		Open Account		9/4/2019

Qty:	Catalog Number:	Item Description:	Unit Price:	Ext. Price:
4	HV100S1 34	Hoffmann Amadeus Violin Outfit SCHOOLS Only 3/4	\$159.00	\$636.00
6	HV100S1 44	Hoffmann Amadeus Violin Outfit SCHOOLS Only 4/4	\$159.00	\$954.00
Tracking Number:		Ship Method:	Ship Date:	Shipment Total:
		BEST WAY		\$1,590.00

Sales Tax:	Shipping Cost:	Order Total:
\$0.00	\$0.00	\$1,590.00



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

GV PRO

328 MORAVIAN VALLET ROAD

WAUNAKEE, WI53597

Phone 800-982-2440

Campus SGMS

Date August 26, 2019

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	FA08DBPQ	8FT FLOOR ANGLED DOUBLE BONUS W/POSSESSION	\$2,800.00		\$2,800.00
1	PC08Q	8FT SCORING ABLE PROTECTIVE COVER	\$140.00		\$140.00
1		SHIPPING	\$241.00		\$241.00
			\$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 **\$3,181.00**
 Remarks _____ Grand Total **\$3,181.00**

Originator ALFREDO PALAPA (PRINT) Date 8/26/19
 Administrator Signature [Signature] Date 9/3/19

Budget Coordinator _____ Date _____
 Other _____ Date _____



GV PRO QUOTE
 GV Pro Scoring Tables
 328 Moravian Valley Road
 Waunakee, WI 53597
 Toll Free: 800-962-2440
 Fax: 608-849-6304
 WWW.GVPROTABLES.COM
 Ben@GVProTables.com

QT009177
GVP501

Sold To:

SALVADOR GARCIA MIDDLE SCHOOL
 499 PENA DR.
 LAREDO, TX 78046

Quote Date 08/19/2019	Ship Via	F.O.B. Rockford, IL	Est. Lead Time 4-6 Weeks	Prepared By:
---------------------------------	-----------------	-------------------------------	------------------------------------	---------------------

* Send Art Files and Art Inquiries to Tim@GVProTables.com *

Qty.	Item Number	Description	Unit Price	Extended Price
1	FA08DBPQ	8FT FLOOR ANGLED, DOUBLE BONUS W/ POSSESSION	2,800.00	2,800.00
1	PC08Q SHIP	8 FT SCORING TABLE PROTECTIVE COVER SHIPPING CHARGE	140.00	140.00 241.00
This quote valid for 90 days				
Comments: ** Schools without loading dock add \$75.00 ** GRAPHICS INCLUDED, SHIPS ABF.			Subtotal	2,940.00
			Shipping	241.00
			Tax	0.00
			Total Quote	3,181.00



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Raul Perales Middle School

Campus Principal: Martha Alvarez

Board Member: Ricardo "Rick" Rodriguez

Board Member:

Board Member:

Description of Request: Book shelves will provide storage area for student interactive journals and text books. Utility vehicle will facilitate the daily custodial and administrative duties in a large campus (i.e. upkeep and security during lunch and afternoon duties.)

Estimated Cost of Request: \$4,062.52 (with handwritten correction) / \$11,561.52 (crossed out)

Principal or Director Signature: [Handwritten Signature] Date: 8/20/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes [checked] No [] Signature: Date:

SUPERINTENDENT APPROVAL: Yes [] No [] Signature: Date:

BOARD MEMBER APPROVAL: Priselda Rodriguez (checked) Yes [checked] No [] Signature: for Ricardo Rodriguez Date: 09-06-19

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

VENDOR NAME AND ADDRESS

Lowe's

6623 San Dario Ave.
Laredo, TX 78041

Phone 956-473-6870

Campus Raul Perales Middle Rm # Front Office

Date August 20, 2019

Table with columns: Fund/YR, Func, Org, Prog, Local, Proj, Sub, Amount. Includes Budget Code and Account Code labels.

Approval Code: Discount:

Main table with columns: Qty, Item, Description, Unit Price Per, Discounted Price Per, Extension Unit Total. Contains one item: Bookcase Item#1305450 Model#R597.

Disposition: Check Mail Pickup Fax Page Total \$4,062.52 Grand Total \$4,062.52

Muna Davila 8/20/19
Original (PRINT) Date
Administrator Signature Date

Budget Coordinator Date
Other Date





United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020



Requesting Campus: Federal & State Programs

Campus Principal: Rebecca Coss-Morales

Board Member: Ramiro Veliz III

Board Member:

Board Member:

Description of Request: Requested funds to be used to increase Parental Engagement Opportunities such as the Parent Learning Summit, UCOP and other related events/activities

Estimated Cost of Request: \$2,000

Principal or Director Signature: Rebecca Coss-Morales Date: 9/4/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Priscilla Rodriguez for Ramiro Veliz III Date: 09/09/19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Bonnie L. Garcia Elementary

Campus Principal: Patricia E. Lañas

Board Member: Ricardo Rodriguez

Board Member:

Board Member:

Description of Request: Student Incentives for Stallion Buck Store, AR, Attendance, Honor Roll

Estimated Cost of Request: \$ 5,000.00

Principal or Director Signature: Patricia E. Lañas Date: 9/6/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Griselda H. Rodriguez for Ricardo 'Rick' Rodriguez Date: 09/09/19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Freedom Elementary
Campus Principal: Laura P. de los Santos
Board Member: Rick Rodriguez
Board Member:
Board Member:

Description of Request: School Mascot for all school events
such as games, pep rally's, PTC's and award
ceremonies.
Estimated Cost of Request: \$ 1100.00

Principal or Director Signature: [Signature] Date: 9/9/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: [Signature] Date: 09/09/19

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.

Shop deals on college essentials [Shop now](#)

08/21/19

TCDesignerProducts
TCDesignerProducts Bee/Hornet Mascot Costume Black

Be the first to review this item

Price: \$1,039.00 + \$34.36 shipping

- Mascot is designed to fit a person ranging from 5' 2 in. to 6' 4 in. tall, with a chest size of up to 60 in.
- Made with flame-retardant, Dry Clean only
- Mascots are complete with Head, Body, Mitts, Hands, or Wings, and Feet or Spats, as shown in picture.
- Use for sporting events, school games, publicity, charity events, meet and greets, conventions, event promotions, videos, and many more occasions!
- A battery operated fan is included for the head portion.

New (1) from \$1,039.00



[Back to results](#)

Shop Movie and TV products
 Explore more

\$1,039.00
 + \$34.36 shipping

Get it as soon as **Aug. 28 - Sept. 3** when you choose **Standard Shipping** at checkout.

In stock.

Qty:

\$1,039.00 + \$34.36 shipping

[Add to Cart](#)

[Buy Now](#)

Ships from and sold by **TCDesignerProducts.**

Deliver to Laredo 78041

[Add to List](#)

Share



Spiderman
 bodysuits that will jazz up your look

Ugocam Superhero Kids Bodysuit
 Boys Zentai Suit Cosplay Jumpsuit Red

21

\$25.99 [prime](#)

[Ad feedback](#)

Roll over image to zoom in



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Freedom Elementary

Campus Principal: Laura P. de los Santos

Board Member: Rick Rodriguez

Board Member: _____

Board Member: _____

Description of Request: ¹⁰⁰ Student headphones with attached microphones for student STATE assessments (TELPAS)

Estimated Cost of Request: \$1490.00

Principal or Director Signature: Laura P. de los Santos Date: 9/9/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: for Ricardo Rodriguez Date: 09/09/19

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.

Deliver to Laredo 78041

Today's Deals Your Amazon.com Gift Cards Help Whole Foods Registry Sell

40% off Audible for the first 3 months with purchase

Offer will be sent via email from Audible

8/21/19

Back to results



Orange On-Ear Stereo Headphones with Boom Microphone (10-Pack)



Free shipping on this item

FREE Shipping

AE-36 Orange On-Ear Stereo Headphones with boom microphone - perfect for the classroom. The large ear pads of the AE-36 make the headphone the perfect fit for ears of any age. The boom microphone makes the AE-36 extremely easy to maintain and clean; it can be wiped clean with any gentle over-the-counter disinfectant.

The AE-36 allows for a large range of motion during use to help reduce neck strain in a active learning environment. The boom microphone can be clipped up easily into a Velcro tie for easy storage.



Ad feedback

Panasonic ErgoFit Headphones



Panasonic ErgoFit Earbud Headphones RP-1 LJZ120-K, (Black) **8** Deliver to Laredo 78041

\$14.99

Add to List

\$149.00

& FREE Shipping

Get it as soon as Aug. 28 - 30 when you choose Expedited Shipping at checkout.

In stock.

Qty: 1

\$149.00 + Free Shipping

Add to Cart

Buy Now

Ships from and sold by Genesis-Technologies.

Add a Protection Plan:

- 3-Year Protection Plan for \$21.99
- 2-Year Protection Plan for \$15.99

Share

Have one to sell?

Sell on Amazon

Roll over image to zoom in

Frequently bought together



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Freedom Elementary

Campus Principal: Laura P. de los Santos

Board Member: Mr. Rick Rodriguez

Board Member:

Board Member:

Description of Request: Gym college banners to promote college readiness and higher education.

Estimated Cost of Request: \$ 360.00

Principal or Director Signature: Laura P. de los Santos Date: 9/09/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: for Ricardo Rodriguez Date: 09/09/19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Freedom Elementary

Campus Principal: Laura P. de los Santos

Board Member: Mr. Rick Rodriguez

Board Member:

Board Member:

Description of Request: PA Speaker system combi set for outside student events and daily activities.

Estimated Cost of Request: \$ 559.99

Principal or Director Signature: Laura P. de los Santos Date: 9/09/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: for Ricardo Rodriguez Date: 09/09/19

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.



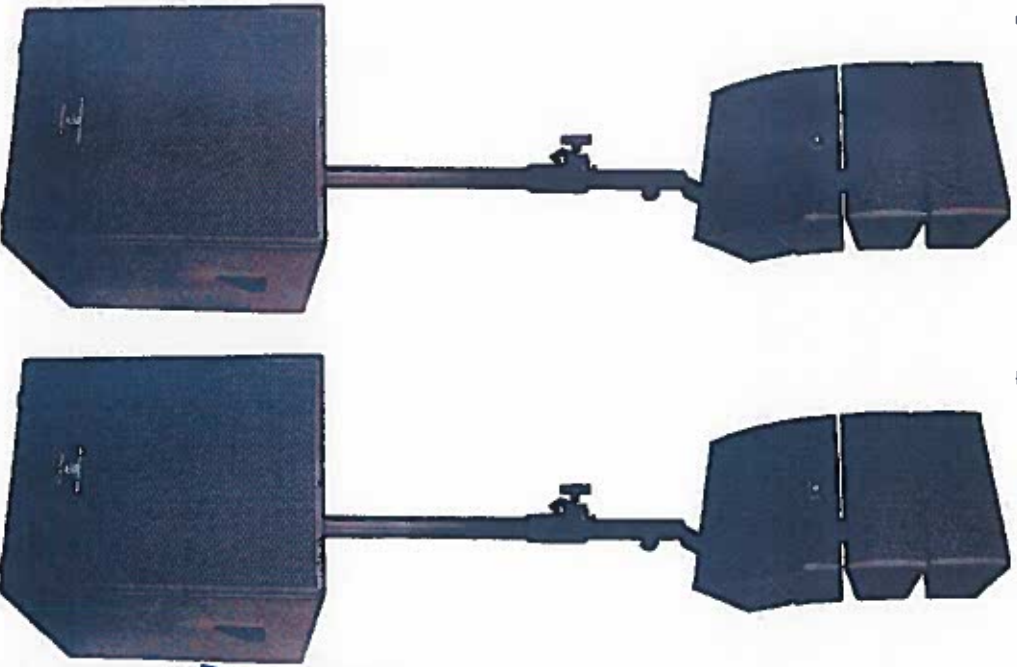
Shop Off to College essentials

Off to College deals

8/21/19

Purchase w/ board monies

Back to results



Roll over image to zoom in

JBL 3000 12-Inch 3000 Watt

PA Speaker System Combo Set with/USB/SD Card/Remote Subwoofers and 8X Array

105 customer reviews | 186 answered questions

99 & FREE Shipping (49%)

Pay: \$559.99 \$509.99 upon approval for the Visa Card. No annual fee.



JBL 3000 PA SYSTEM: All-in-one 3000 watt bluetooth system of (1) active subwoofer, (1) passive subwoofer, (2) speakers (totally eight speakers), (2) speaker stands, 8-inch telescoping speaker pole, (6) 8-inch 6.35mm cables, (1) 6-foot (1) 33-foot 6.35mm cables, (1) remote control and The active subwoofer features a 12-inch amplifier and line array speakers, to suit all audiences.

OPERATION: Instantly pair with android devices, etc with line of sight of up to 66 feet. Telescoping speaker pole to adjust the pa system height. Use side handles to lift and transport the subwoofer.

VERSATILE CONNECTIONS: The powered subwoofer has BLUETOOTH/USB DRIVE/SD CARD functions. 8 drive/SD CARD to playback songs. Versatile 4-stereo inputs (two mono XLR inputs for microphone use, one stereo 6.35mm input and one stereo RCA input) and one stereo RCA outputs. Individual volume controls and treble/bass control, master volume to set the general volume conveniently.

WIDE RANGE OF USAGE: The PA system has 3000 Watt Peak / 750 RMS, and can accommodate up to 500 persons and 300 m2. Wide frequency response (from 40-20KHz) makes it suitable for amplifying any type of audio including music or vocals. Great for

\$559.99

& FREE Shipping

Get it as soon as Aug. 27 - 30 when you choose Standard Shipping at checkout.

In Stock.

Qty: 1

\$559.99 + Free Shipping

Add to Cart

Buy Now

Ships from and sold by PROBECK AUDIO.

Add a Protection Plan:

- 3-Year Protection for \$57.99
- 2-Year Protection for \$42.99

Deliver to Laredo 78041

Add to List

Share

Have one to sell?

Sell on Amazon



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: Los Obispos Middle School

Campus Principal: Jessica C. Salazar

Board Member: Ricardo Rodriguez

Board Member:

Board Member:

Description of Request: 6th grade student t-shirts for Drug Free Concert which will raise awareness to prevent drug use, provide information to make right choices, and establish communication among students, teachers, and parents.

Estimated Cost of Request: \$2,000.00

Principal or Director Signature: [Signature] Date: 9-5-19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Date: 9/9/19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: TRAUTMANN MIDDLE SCHOOL

Campus Principal: LETICIA MENCHACA

Board Member: JAVIER MONTEMAYOR

Board Member:

Board Member:

Description of Request: ITEMS NECESSARY FOR UIL ACADEMIC INVITATIONAL MEET

Estimated Cost of Request: \$1,626.12

Principal or Director Signature: [Signature] Date: 9/9/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Griselda Rodriguez for Mr. Javier Montemayor Date: 09/09/19

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

ED'S TROPHIES

219 SANCHEZ ST.
LAREDO, TX 78040

Phone _____
 Campus TMS _____ Rm # _____
 Date September 9, 2019

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
45		1ST PLACE MEDALS	\$3.00	\$3.00	\$135.00
45		2ND PLACE MEDALS	\$3.00	\$3.00	\$135.00
45		3RD PLACE MEDALS	\$3.00	\$3.00	\$135.00
45		4TH PLACE RIBBONS	\$0.75	\$0.75	\$33.75
45		5TH PLACE RIBBONS	\$0.75	\$0.75	\$33.75
45		6TH PLACE RIBBONS	\$0.75	\$0.75	\$33.75
				\$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 **\$506.25**
 Remarks EMAIL TO: edstrophys@yahoo.com Grand Total **\$506.25**

MCASTILLO 9/9/19
 Originator (PRINT) _____ Date 9/9/19
 Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

SUBWAY

1212 INTERNATIONAL BLVD

LAREDO, TX 78045

Phone _____

Campus TMS

Rm # _____

Date September 8, 2019

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		PLATTERS	\$39.99		\$519.87
		for Hospitality Room for:			\$0.00
		Coaches, Judges			\$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 \$519.87

Remarks UIL ACADEMIC INVITATIONAL MEET

Grand Total \$519.87

MCASTELLO

9/9/19

Originator (PRINT)

Date 9/9/19

Budget Coordinator

Date

Administrator Signature

Other

Date



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

SAM'S CLUB

4810 SAN BERNARDO
LAREDO, TX 78045

Phone _____
 Campus Date TMS September 9, 2019 Rm # _____

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		ITEMS FOR UIL ACADEMIC INVITATIONAL MEET	\$300.00	\$300.00	\$300.00
		SUCH AS: SODAS, WATERS, OJ, COFFEE, CREAM, SUGAR, CUPS, COOKIES, CANDIES, ETC		\$0.00	\$0.00
		<i>for Hospitality Room for:</i>		\$0.00	\$0.00
		<i>Coaches. Judges</i>		\$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
		EMIL PO TO: msantill@uisd.net		\$0.00	\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax _____ Page Total \$300.00
 Remarks for UIL MEET Grand Total \$300.00

MCASTILLO 9/9/19
 Originator (PRINT) _____ Date _____
 Administrator Signature *[Signature]* 9/9/19 Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

WALMART

2615 BOB BULLOCK LP
LAREDO, TX 78045

Phone _____
 Campus TMS Rm # _____
 Date September 9, 2019

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		ITEMS FOR UIL ACADEMIC INVITATIONAL MEET	\$300.00		\$300.00
		SUCH AS: DECORATIONS, CENTERPIECES, TABLE COVERS, PLATES, PAPER GOODS, UTENSILS, ETC			\$0.00
		for Hospitality Room for:			\$0.00
		Coaches, Judges			\$0.00
					\$0.00
					\$0.00
					\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
		PLEASE EMAIL PO TO: msantill@uisd.net		\$0.00	\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax _____ Page Total **\$300.00**
 Remarks UIL ACADEMIC INVITATIONAL MEET Grand Total **\$300.00**

MCASTILLO 9/9/19
 Originator (PRINT) _____ Date _____
 Administrator Signature *[Signature]* Date *9/9/19*

Budget Coordinator _____ Date _____
 Other _____ Date _____



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: TRAUTMANN MIDDLE SCHOOL

Campus Principal: LETICIA MENCHACA

Board Member: JAVIER MONTEMAYOR

Board Member: _____

Board Member: _____

Description of Request: ROBOTICS COMPETITION SUPPLIES AND REGISTRATION FEES

Estimated Cost of Request: \$1,068.05

Principal or Director Signature: *Leticia Menchaca* Date: 9/9/19

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: *Priselda Rodriguez for Javier Montemayor* Date: 09/09/19

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

LEGO EDUCATION

501 BOYLSTON ST. SUITE 4103

BOSTON, MA 02116

Phone _____

Campus TMS

Rm # _____

Date September 9, 2019

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
2	45560	LEGO MINDTORMS EDUCATION EV3 EXPANSION	\$109.95	\$109.95	\$219.90
1		SHIPPING	\$8.00		\$8.00
				\$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 _____

Remarks EMAIL PO TO CAMPUS. THANK YOU

Page Total

\$227.90

Grand Total

\$227.90

L. MENCHACA

Originator (PRINT)

Administrator Signature

9/9/19

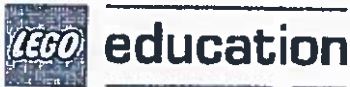
Date 9/9/19

Budget Coordinator

Date

Other

Date



SALES QUOTATION

September 3, 2019

Quoted To:
Priscilla Chapa
priscilla.chapa@uisd.net

Sold To:
Customer Number:
TRAUTMANN MIDDLE SCHOOL
900 E Del Mar
Laredo, TX 78045

Quotation ID: QUO-41531-X4C0Q1 / 0
E-mail: sales@legoeducation.us
Phone: 866-788-5346

Ship-To:
TRAUTMANN MIDDLE SCHOOL
900 E Del Mar
Laredo, TX 78045

Part Number	Description	Quantity	Unit Price	Total Price
45560	LEGO® MINDSTORMS® Education EV3 Expansion	2	\$109.95	\$219.90



Net Amount:	\$219.90
Shipping & Handling:	\$8.00
Tax:	\$0.00
Total:	\$227.90

To guarantee pricing, please attach a copy of this proposal / quote to your purchase order or include the Quote ID listed above. Prices are valid through December 31, 2019. Prices based upon total purchase.

If you are tax exempt, please send a valid copy of your certificate to Orders@legoeducation.us. If applicable, tax above is an estimate. Actual tax will be calculated at time of order.

LEGO Education Tech Support (\$150.00/Hr.) will be free of charge for all LEGO Education customers

LEGO Education
501 Boylston Street
Suite 4103
Boston, MA 02116

To place an order:
(P) 800-362-4308
(F) 888-534-6784



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

LOWE'S

6623 SAN DARIO

LAREDO, TX 78041

Phone _____

Campus TMS _____ Rm # _____

Date September 9, 2019

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
3	760748	JW 32 INT DE LADAN LFUSH 1-3/8	\$34.96	\$34.96	\$104.88
4	6005	2-4-8 KD WW SELECT STUD	\$2.69	\$2.69	\$10.76
6	99046	12 OZ GLOSS BLACK STOPS RUST	\$3.73	\$3.73	\$22.38
1	17365	1 LB PG10 DECK SCREW 2-1/2 IN	\$7.19	\$7.19	\$7.19
1	72413	EZ TOGGLE CLAM	\$8.95	\$8.95	\$8.95
1	1085851	4FT INDOOR RESIN GRAY TABLE	\$35.99	\$35.99	\$35.99
				\$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 **\$190.15**
 Remarks EMAIL PO TO CAMPUS. THANK YOU Grand Total **\$190.15**

L MENCHACA 9/9/19
 Originator (PRINT) _____ Date _____
 Administrator Signature *[Signature]* 9/9/19 Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____

PROJECT ESTIMATE

RR

CONTACT: MIDDLE, TRAUTMANN
 CUST #: 238631631

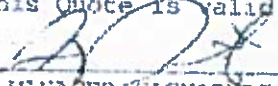
SALESPERSON: DUARTE, ARMANDO
 SALES #: 669237

PROJECT NUMBER: 592396568

DATE ESTIMATED: 08/20/19

QTY	ITEM #	ITEM DESCRIPTION	VEND PART #	PRICE
3	760748	JK 32 INT DR LADAN FLUSH 1 3/8	JN10705	204.88
4	6005	2-4-8 KD WY SELECT STUD	24SE.8	10.76
6	99046	12-02 GLOSS BLACK STOPS RUST R	7779830	22.38
1	17365	1LB FG18 DECK SCRW 2-1/2 IN GR	PTN212S1	7.10
1	72413	EZ TOGGLE CLAM	25220	8.95
1	1085851	4PT INDOOR RESIN GRAY TABLE	14146LG22L	34.99
TOTAL FOR ITEMS				190.15
FREIGHT CHARGES				0.00
DELIVERY CHARGES				0.00
TAX AMOUNT				0.00
TOTAL ESTIMATE				190.15

This Quote is valid until 09/19/19.



 MANAGER SIGNATURE

8-20-19

 DATE

THIS ESTIMATE IS NOT VALID WITHOUT MANAGER'S SIGNATURE.
 THIS IS AN ESTIMATE ONLY. DELIVERY OF ALL MATERIALS CONTAINED IN THIS
 ESTIMATE ARE SUBJECT TO AVAILABILITY FROM THE MANUFACTURER OR SUPPLIER.
 QUANTITY, EXTENSION, OR ADDITION ERRORS SUBJECT TO CORRECTION. CREDIT
 TERMS SUBJECT TO APPROVAL BY LOWES CREDIT DEPARTMENT.

LOWES IS A SUPPLIER OF MATERIALS ONLY. LOWES DOES NOT ENGAGE IN THE PRACTICE
 OF ENGINEERING, ARCHITECTURE, OR GENERAL CONTRACTING. LOWES DOES NOT ASSUME
 ANY RESPONSIBILITY FOR DESIGN, ENGINEERING, OR CONSTRUCTION; FOR THE
 SELECTION OR CHOICE OF MATERIALS FOR A GENERAL OR SPECIFIC USE; FOR
 QUANTITIES OR SIZING OF MATERIALS; FOR THE USE OR INSTALLATION OF MATERIALS;
 OR FOR COMPLIANCE WITH ANY BUILDING CODE OR STANDARD OF WORKMANSHIP.



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

FIRST attn. Finance

200 BEDFORD ST.
MANCHESTER, NH 03101-1103

Phone 18008718326 EX 583

Campus TMS -6TH GRADE Rm #
Date September 9, 2019

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		REGISTRATION FEE FOR SHORTHORNS ROBOTICS TEAM #43323 (6TH) FIRST LEGO LEAGUE	\$225.00	\$225.00	\$225.00
1		CHALLENGE SET	\$75.00		\$75.00
1		SHIPPING	\$25.00		\$25.00
		<i>To prepare for competition</i>			
				\$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 **\$325.00**
 Remarks: EMAIL PO TO CAMPUS. THANK YOU Grand Total **\$325.00**

LMENCHACA 9/9/19
 Originator *[Signature]* Date *9/9/19*
 Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

FIRST attn. Finance

200 BEDFORD ST.
MANCHESTER, NH 03101-1103

Phone 18008716326 EX 563

Campus TMS - Rm #
Date September 9, 2019

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		REGISTRATION FEE FOR TMS 7TH ROBOTICS TEAM #201903161 FIRST LEGO LEAGUE	\$225.00	\$225.00	\$225.00
1		CHALLENGE SET	\$75.00		\$75.00
1		SHIPPING	\$25.00		\$25.00
		<i>to prepare for competition</i>			
				\$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 \$325.00
 Remarks EMAIL PO TO CAMPUS. THANK YOU Grand Total \$325.00

L. MENCHACA
 Originator (PRINT) _____ Date 9/9/19
 Administrator Signature *[Signature]* _____ Date 9/9/19

Budget Coordinator _____ Date _____
 Other _____ Date _____



Exhibit A

United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2019-2020

Requesting Campus: TRAUTMANN MIDDLE SCHOOL

Campus Principal: LETICIA MENCHACA

Board Member: JAVIER MONTEMAYOR

Board Member: _____

Board Member: _____

Description of Request: JAZZ BAND SOUND SYSTEM

Estimated Cost of Request: \$3,000

Principal or Director Signature: *Leticia Menchaca* Date: 9/9/19

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: *Priselda Rodriguez for Javier Montemayor* Date: 09/10/19

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

MUSIC & ARTS

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

Budget Code

Account Code

7325 San Pedro Suite 106

San Antonio, TX 78216

Phone (210) 340-0953

Campus Trautmann M. S.

Date September 10, 2019

Approval Code: _____ Discount: _____

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
1		Jazz Band Sound System, Not to exceed \$3,000.00	\$3,000.00		\$3,000.00
			\$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 **\$3,000.00**
 Remarks _____ Grand Total **\$3,000.00**

Originator (PRINT) Jorge L. Garcia Date 9/10/19
 Administrator Signature [Signature] Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: Malakoff Elementary

Campus Principal: Anna R. Martinez

Board Member: Judd Gilpin

Board Member:

Board Member:

Description of Request: A robotics set that has 15 robotics kits to be used with our robotics club. Six space challenge mats also to be used for the robotics club.

Estimated Cost of Request: \$7,226.60

Principal or Director Signature: [Signature] Date: 9/9/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Priscilla Rodriguez for Mr. Judd Gilpin Date: 09/10/19

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.



SALES QUOTATION

September 9, 2019

Quoted To:
Brenda Garza
bgarz19@usisd.net

Sold To:
Customer Number: 206130
UNITED ISD
700 E. Del mar Blvd
Laredo, TX 78045

Quotation ID: QUO-41666-M7L1Z6 / 0
Sales Person: Betty Justus
E-mail: betty.justus@lego.com
Phone: +1 2142445209

Ship-To:
UNITED ISD
700 E. Del mar Blvd
Laredo, TX 78045

Order for:
Malakoff Elementary
2810 Havana Dr.
Laredo, Texas 78045

Item No.	Description	QTY	Price	Total
45570	EV3 Space Challenge Set	6	\$237.95	\$1,427.70



5003400	EV3 Core Set w/ Charger	15	\$411.95	\$6,179.25
	1 Transformer 10V DC			
	1 LEGO® MINDSTORMS® Education EV3 Core Set			



Promotion
Code:
LND745XTZ
- Promo
Code must
be included
on PO in
order to
receive this
pricing

Discount:	\$380.35
Net Amount:	\$7,226.60
Shipping & Handling:	\$0.00
Tax:	\$0.00
Total:	\$7,226.60

LEGO Education
501 Boylston Street
Suite 4103
Boston, MA 02116

(P) 800-362-4308
(F) 888-534-6784
(E) Orders@legoeducation.us



log: Search Clear

SELECT	VENDOR	CATEGORY	Vendor
Select	Capstone	Sole Source	LEGO Education
Select	LEGO Education	Sole Source	<p>EDGAR NO</p> <p>Compliant</p> <p>BID # 55-03-2020</p> <p>Category Sole Source</p> <p>Address 501 Boylston Street, Suite 4103</p> <p>City Boston</p> <p>State MA</p> <p>Zip Code 02116</p> <p>Telephone 214-244-5209</p> <p>Alt Telephone</p> <p>Fax 360-365-9701</p> <p>Contact Person Betty Austin</p> <p>Title</p> <p>Email Betty.Austin@LEGO.com</p> <p>Alt Contact Person</p> <p>Title</p> <p>Alt Email</p> <p>Website http://www.lego.com</p> <p>Alt Website</p> <p>Tabulation legoeducation.com</p> <p>Discount</p> <p>Requires TEA Sole Source Approval Form, when using Federal Funds (can be found under IRSD Forms - Purchasing - Lego Mindstorms NXT EV3 for Education WeDO 2.0)</p> <p>Notes Robotics Machines and Mechanisms - Early Simple Machines and Sample and Materialized Mathematics, and STEAM Pa-L. All First Lego League and Jr. FLL Sets</p> <p>For Period 01/28/2020</p>

[USD Home](#) | [Admin Login](#)

Free-Shipping over



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: TRAUTMANN MIDDLE SCHOOL

Campus Principal: LETICIA MENCHACA

Board Member: JUDD GILPIN

Board Member:

Board Member:

Description of Request: 7 LAPTOPS FOR EXPLORING SCIENCE / ROBOTICS CLASS

Estimated Cost of Request: \$4,893

Principal or Director Signature: [Signature] Date: 9/9/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: [Signature] Date: 9/10/19

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

DELL

ONE DELL WAY MAIL STOP 8129
ROUND ROCK, TX 78682

Phone _____
 Campus TMS - _____ Rm # _____
 Date September 9, 2019

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
7		DELL LATTITUDE 3590	\$699.00	\$699.00	\$4,893.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
		EMAIL TO: Amanda_Kastuck@Dell.com		\$0.00	\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax _____ Page Total \$4,893.00
 Remarks _____ Grand Total \$4,893.00

LMENCHACA
 Originator [Signature] Date 9/9/19
 Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
 Other _____ Date _____

Form Instructions PLEASE NOTE: Form is shared in View Only Format. Make a copy of this document to use it.
Step One: Campus/Dept fills out form.
Step Two: Submit completed form with attachment(s) or link(s) to CIT Department.
Step Three: CIT Department will review and forward form to IT Department.
Step Four: IT Department will review and return form to Campus/Department.

Any Questions???
 Pls CALL CIT Department
 473-1806 473-2081



Please email this form to judith@uled.net
 with a CC: to Christina Alejandro and Mario Martinez

District Technology & Instructional Resource Purchase Approval Form

Campus/Department Submitting Purchase Request: Trautmann Middle School
 Campus or Department: _____ Date: 8/3/19

Submitted by: _____
 Campus/Department Staff Member: Mrs. Rosario C Garcia
 Printed Name & Signature: _____ Title: Academic Coordinator

Funding Source(s): Discretionary Funds - Board

Technology Resource(s) to be purchased:
 *One type of item per form

DELL LAPTOP FOR EXPLORING SCIENCE - ROBOTICS (7)	Cost information		License information	
	Cost \$		Site License	
	One Time Payment	\$4,893.00	Seat License	
	Annual Renewal		Per Student	
	Multiple Yr. Contract		Other	

Intended User:

<input type="checkbox"/> Campus Admin	<input type="checkbox"/> Instruction Elem	<input type="checkbox"/> Library	<input type="checkbox"/> Athletics/PE
<input type="checkbox"/> District Admin	<input checked="" type="checkbox"/> Instruction Secondary	<input type="checkbox"/> C & I	<input type="checkbox"/> Other

Please provide a summary of your Instructional Technology Equipment or Resource Use and/or Plan.
 If more space is needed, please enlarge the area even if the form moves to a second page.

We will use this program for the first time this year and based on student/teacher experience and results, we will determine future use of program.
 Lego Education -LEGO MINDSTORMS Education EV3 and software:
<https://education.lego.com/en-us/downloads/mindstorms-ev3/software>

Main Campus (7th Grade Elective):
 5 EV3 Mindstorm Robots per class (8 classes)
 5 Computers (for Programming)
 1 Laptop for competition

6th Grade Campus (6th Grade Elective):
 5 EV3 Mindstorm Robots per class (8 classes)
 5 Computers (for Programming)
 1 Laptop for competition

Lego EV3 Mindstorms will be used in an elective course-Exploring Science/Robotics. LEGO MINDSTORMS Education EV3 is a cross-curricular STEM solution which engages students by providing the resources to design, build and program their creations while helping them develop essential 21st-century skills. This solution tackles subjects like engineering, coding, and physics with intuitive guides and smart bricks and puts real-life STEM topics right at students' fingertips.

Campus Administrator or Director Approval: Leticia Manchaca
 Printed Name & Signature: _____ Title: Principal

All C & I Level and/or District Department Executive Director or Above Approval: Dade R. Canty
 Printed Name & Signature: _____ Title: Ex. Director

Place LINK above or attach/submit with this form the resource or equipment information that provides a program description and/or technology specifications.

For Use by Curriculum Instructional Technology & Information Technology Departments Only



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

* AMENDED
09/17/19

Requesting Campus: Dr. Henry Cuellar Elementary

Campus Principal: Andrea Sanchez

Board Member: Aliza Flores Oliveros \$ 1,667.00 $+ \$1,667.00 = \$3,334.00$

Board Member: Ramiro Veliz, III \$ 1,667.00 \$ 1,667.00

Board Member: ~~Javier Montemayor~~ ~~\$ 1,667.00~~ ~~\$ 0~~

Description of Request: 'Leader In Me' annual fee for consultation, coaching, and access to on-line resources.

Estimated Cost of Request: \$5,000 (Aliza Flores - Oliveros = \$3,334.00
Ramiro Veliz = \$1,667.00)

Principal or Director Signature: Andrea Sanchez Date: 8/12/19

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

SUPERINTENDENT APPROVAL: Yes No
Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No
Signature: Aliza F. Oliveros by Asistancia Date: 8/16/19

BOARD MEMBER APPROVAL: Yes No
Signature: Ramiro Veliz III Date: 8/16/19

BOARD MEMBER APPROVAL: Yes No
Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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 2019-2020

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Mr. Javier Montemayor

Board Member:

Board Member:

Description of Request: Camera to connect to TVs in main gym, travel expenses for volleyball team, and equipment for volleyball team

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: [Signature] Date: 9/12/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Priscilla Rodriguez for Mr. Javier Montemayor Date: 09/12/19

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.



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: John B. Alexander High School

Campus Principal: Ernesto Sandoval

Board Member: Mr. Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request: TV's and equipment in front of concession stand in the main gym

Estimated Cost of Request: \$624.00

Principal or Director Signature:  Date: 9/12/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Priscilla Rodriguez for Mr. Javier Montemayor Date: 09/12/19

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.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020

Requesting Campus: CLARK MIDDLE SCHOOL - (ATHLETICS) B. CRAZ

Campus Principal: MRS. PAMELA ARREDONDO

Board Member: MR JAVIER MONTEMAJOR

Board Member:

Board Member:

Description of Request: PURCHASE OF SCORING TABLE & PODIUM FOR GYM GAMES - EVENTS

Estimated Cost of Request: \$ 4,223.00

Principal or Director Signature: [Signature] Date: 7-13-19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

BOARD MEMBER APPROVAL: Yes No
Signature: Priscilla Rodriguez for Javier Montemayor Date: 09/12/19

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.



GV PRO QUOTE
 GV Pro Scorer's Tables
 328 Moravian Valley Road
 Waunakee, WI 53597
 Toll Free: 800-962-2440
 Fax: 608-849-6304
www.gvprotables.com
info@gvprotables.com

QT009077

Sold To:

CLARK MIDDLE SCHOOL
 500 HILLSIDE RD
 LAREDO, TX 78041

Quote Date	Ship Via	F.O.B.	Est. Lead Time	Prepared By:
8/7/19		Rockford, IL	4-6 weeks	

Send Art Files and Art Inquiries to Tim@GVProTables.com

Qty.	Item Number	Description	Unit Price	Extended Price
1	FA08DBPQ	8FT FLOOR ANGLED, DOUBLE BONUS W/ POSS, SLIM MODEL	2,800.00	2,800.00
1	PC08Q	8' HEAVY DUTY TABLE COVER	140.00	140.00
1	POD	PODIUM	945.00	945.00
	SHIP	SHIPPING CHARGE		348.00

This quote valid for 90 days

Comments: ** Schools without loading dock or forklift add \$75.00 ** GRAPHICS INCLUDED. SHIPS R&L.	Subtotal	3,885.00
	Shipping	348.00
	Tax	0.00
	Total	\$4,233.00



ZGART2PO8 - 8ft split table
graphics are 23.5" x 41"





Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2019-2020**

Requesting Campus: Juarez Lincoln Elementary-118

Campus Principal: Roberto G. Ortiz

Board Member: Ricardo Molina

Board Member: _____

Description of Request: Mobile Precision 7740 Computer (1), Moonwalk Rental (1 six weeks) Headphones (30),
HDMI Cable (5), Educational Classroom Carpet (3).

Estimated Cost of Request: \$4,092.10

Principal or Director Signature: *[Signature]*

Date: 9-12-19

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes No _____

Signature: Briselda Rodriguez for Mr. Ricardo Molina

Date: 09/13/19

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

Lakeshore Learning Materials

2695 E. Dominguez Street

Carson, CA 90895

Phone 310-537-8600

Campus Juarez Lincoln Elem. Rm # Front Office

Date September 12, 2019

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
3	DD497	Number-Letters 9X12 Carpet	\$455.05	\$455.05	\$1,365.15
				\$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 310-900-2189 Page Total \$1,365.15
 Remarks Educational classroom carpets for PK classes Grand Total \$1,365.15

Roberto G. Ortiz 9/12/19
 Originator (PRINT) Date
[Signature] 9-12-19
 Administrator Signature Date

Budget Coordinator _____ Date _____
 Other _____ Date _____



QUOTE 62276
 Lakeshore Learning Materials
 2695 E. Dominguez Street Carson, CA 90895
 (310) 537-8600 (800) 421-5354
 FAX: (310) 900-2189
www.lakeshorelearning.com

Bill-to: 309642
 UNITED ISD
 201 LINDENWOOD DR

Ship-to: 131837
 JUAREZ-LINCOLN ELEM SCHOOL
 1003 ESPEJO-MOLINA RD

LAREDO TX 78045
 (956) 473-3000
Billto Email: FLORV@UISD.NET

LAREDO TX 78046
 FLOR ALFARO
Shipto Email:

Entry Date: 09/12/2019

Your Reference No.:PHONE QUOTE

Comment
 DELIVER 7-10 BUSINESS DAYS ARO
 PRICES GOOD FOR 90 DAYS

FOB DESTINATION FREE SHIPPING
 DISCOUNT REFLECTED IN PRICES.

PLEASE REFERENCE QUOTE NUMBER
 62276 ON YOUR PURCHASE ORDER.

ADELA MADRID - QUOTE AGENT

Line	Item	Qty	Description	Price	Extended
1	DD497	1	NUMBERS-LETTERS 9X12 CARPET	\$455.05	\$455.05
				Subtotal:	\$455.05
				0.0% Tax:	\$0.00
				Freight Amount:	\$0.00
				Total:	\$455.05



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

Dell EMC

One Dell Way, Mail Stop 8129

Round Rock, Texas 78682

Phone 1-800-456-3355

Campus Juarez Lincoln Elem. Rm # Front Office
Date September 12, 2019

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		Mobile Precision 7740(Please see attached quote)	\$1,260.00	\$1,260.00	\$1,260.00
				\$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 \$1,260.00
 Remarks QUOTE#3000046138499.1 Grand Total \$1,260.00

Roberto G. Ortiz 9/12/19
 Originator (PRINT) Date
[Signature] 9-12-19
 Administrator Signature Date

Budget Coordinator Date
 Other Date



A quote for your consideration.

Based on your business needs, we put the following quote together to help with your purchase decision. Below is a detailed summary of the quote we've created to help you with your purchase decision.

To proceed with this quote, you may respond to this email, order online through your Premier page, or, if you do not have Premier, use this **Quote to Order**.

Quote No.	3000046138499.1	Sales Rep	Emy Blakeney
Total	\$1,260.00	Phone	(800) 456-3355, 7250284
Customer #	100874728	Email	Emrys_Blakeney@Dell.com
Quoted On	Sep. 11, 2019	Billing To	ACCOUNTS PAYABLE
Expires by	Oct. 11, 2019		UNITED ISD
Deal ID	17257685		201 LINDENWOOD
			ACCOUNTS PAYABLE
			LAREDO, TX 78045-2429

512-5138137

Message from your Sales Rep

Please contact your Dell sales representative if you have any questions or when you're ready to place an order. Thank you for shopping with Dell!

Regards,
Emy Blakeney

Shipping Group

Shipping To	Shipping Method
ACCOUNTS PAYABLE	Standard Delivery
UNITED ISD	
201 LINDENWOOD	
ACCOUNTS PAYABLE	
LAREDO, TX 78045	
(956) 717-6360	

Product	Unit Price	Qty	Subtotal
Mobile Precision 7740	\$1,260.00	1	\$1,260.00

Subtotal:	\$1,260.00
Shipping:	\$0.00
Non-Taxable Amount:	\$1,260.00
Taxable Amount:	\$0.00
Estimated Tax:	\$0.00

Total:	\$1,260.00
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Special lease pricing may be available for qualified customers and offers. Please contact your DFS Sales Representative for details.

Shipping Group Details

Shipping To	Shipping Method
ACCOUNTS PAYABLE	Standard Delivery
UNITED ISD	
201 LINDENWOOD	
ACCOUNTS PAYABLE	
LAREDO, TX 78045	
(956) 717-6360	

Mobile Precision 7740				
Estimated delivery if purchased today:		\$1,260.00	Qty 1	Subtotal \$1,260.00
Sep. 24, 2019				
Contract # 75AHH				
Customer Agreement # DIR-TSO-3763				
Description	SKU	Unit Price	Qty	Subtotal
Mobile Precision 7740 CTO BASE	210-ASFR	-	1	-
Intel® Core™ Processor i5-9400H, 4 Core, 8M Cache, 2.50GHz up to 4.3GHz Turbo, 45W, vPro	379-BDOC	-	1	-
Win 10 Pro 64 English, French, Spanish	619-AHKN	-	1	-
No AutoPilot	340-CKSZ	-	1	-
No Productivity Software	630-AAPK	-	1	-
No DDP ESS Software	634-BENZ	-	1	-
Intel Core Processor i5-9400H, 4 Core, 8M Cache, 2.50GHz up to 4.3GHz Turbo, 45W, vPro	329-BEMU	-	1	-
Radeon Pro WX 3200 w/4GB GDDR5	490-BFEE	-	1	-
Thermal Pad for AMD Graphic cards	490-BFEK	-	1	-
17.3" FHD/HD+ Cam/Mic Bezel	319-BBGI	-	1	-
17.3" FHD/HD+, WLAN/WWAN Cover	320-BDEE	-	1	-
17.3" HD+ TN 1600x900 AG non-touch, 42% color gamut	391-BENT	-	1	-
BGB, DDR4-2666MHz SDRAM, 1 DIMMS, Non-ECC	370-AEDR	-	1	-
No RAID	780-BBFE	-	1	-
2.5" 500GB 7200RPM SATA Hard Drive	400-AIJI	-	1	-
No Additional Hard Drive	401-AAGM	-	1	-
No Additional Hard Drive	401-AAGM	-	1	-
No Additional Hard Drive	401-AAGM	-	1	-
Internal Dual Pointing Non-Backlit Keyboard, US English	580-AGVB	-	1	-
Keyboard Lattice	580-AIDG	-	1	-
7740 Smart Card only	346-BFOY	-	1	-
Intel Wi-Fi 6 AX200 2x2 .11ax 160MHz	555-BEUK	-	1	-
No Mobile Broadband Card	556-BBCD	-	1	-
4-cell 64Wh Lithium Ion battery with ExpressCharge™	451-BCFT	-	1	-
E5 240W 7.4mm Lot 6 PCR, Liteon	450-AHEP	-	1	-
Intel ME Disabled	631-ACEP	-	1	-

Dell Precision Optimizer	640-BBRC	-	1	-
Resource Media not Included	430-XYGV	-	1	-
OS-Windows Media Not Included	620-AALW	-	1	-
Quick Setup Guide for Mobile Precision 7740	340-CMIL	-	1	-
Not ENERGY STAR Qualified	387-BBDO	-	1	-
No FGA	817-BBBB	-	1	-
E5 C13 Power Cord 1M for North America	450-AHDL	-	1	-
Safety/Environment and Regulatory Guide (English/French Multi-language)	340-AGIK	-	1	-
Intel Wi-Fi 6 AX200 2x2 .11ax 160MHz + Bluetooth 5.0 Driver	555-BFBV	-	1	-
Bracket	575-BBZF	-	1	-
No mouse selected on your system	570-AAAF	-	1	-
No Option Included	340-ACQQ	-	1	-
US Order	332-1286	-	1	-
No Carrying Case	460-BBEX	-	1	-
No UPC Label	389-BCGW	-	1	-
CMS Software not included	632-BBBJ	-	1	-
Regulatory Label included	389-BEYY	-	1	-
FCC Label	389-CXKY	-	1	-
No Docking Station	452-BBSE	-	1	-
Intel(R) Core(TM) i5 Processor Label	340-CKVN	-	1	-
No Accessories	461-AABV	-	1	-
Not selected in this configuration	817-BBBC	-	1	-
Shipping Material for DAO Shuttle Box	328-BCUP	-	1	-
System Shipment Material Mobile Precision	328-BCUQ	-	1	-
SHIP,NBK,DAO,SHUTTLE,7740	328-BDCO	-	1	-
SHIP,NBK,WW,MIN,7740	328-BDCS	-	1	-
SupportAssist	525-BBCL	-	1	-
System Driver for Mobile Precision 7740	631-ACEY	-	1	-
Dell(TM) Digital Delivery Cirrus Client	640-BBLW	-	1	-
Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps)	658-BBMR	-	1	-
Waves Maxx Audio	658-BBRB	-	1	-
Dell Developed Recovery Environment	658-BCUV	-	1	-
Dell Power Manager	658-BDVK	-	1	-
Bottom Cover	354-BBBP	-	1	-
BTO Standard Shipment (EL)	800-BBGH	-	1	-
No Security Software	650-AAJS	-	1	-
Dell Limited Hardware Warranty Plus Service	823-3810	-	1	-
ProSupport: Next Business Day Onsite, 3 Years	823-3822	-	1	-
ProSupport: 7x24 Technical Support, 3 Years	823-3832	-	1	-
Thank you choosing Dell ProSupport. For tech support, visit //support.dell.com/ProSupport or call 1-866-516-3115	989-3449	-	1	-

Client ProSupport Asset Label without Company Name	365-0530	-	1	-
CFI,Information,VAL,CHASSISDEF,Factory Install	377-8262	-	1	-
Not selected in this configuration	817-BBBC	-	1	-
Consult-Infrastructure Consulting Services,Dell Instructor-Led Prof Learning Voucher-1 yr expiration	908-8929	-	1	-

Subtotal:	\$1,260.00
Shipping:	\$0.00
Estimated Tax:	\$0.00
<hr/>	
Total:	\$1,260.00

Important Notes

Terms of Sale

Unless you have a separate written agreement that specifically applies to this order, your order will be subject to and governed by the following agreements, each of which are incorporated herein by reference and available in hardcopy from Dell at your request: Dell's Terms of Sale, which include a binding consumer arbitration provision and incorporate Dell's U.S. Return Policy and Warranty (for Consumer warranties; for Commercial warranties).

If this purchase includes software: in addition to the foregoing applicable terms, your use of the software is subject to the license terms accompanying the software, and in the absence of such terms, then use of the Dell-branded application software is subject to the Dell End User License Agreement - Type A and use of the Dell-branded system software is subject to the Dell End User License Agreement - Type S.

If your purchase is for Mozy, in addition to the foregoing applicable terms, your use of the Mozy service is subject to the terms and conditions located at <https://mozy.com/about/legal/terms>.

If your purchase is for Boomi services or support, your use of the Boomi Services (and related professional service) is subject to the terms and conditions located at <https://boomi.com/msa>.

If your purchase is for Secureworks services or support, your use of the Secureworks services (and related professional service) is subject to the terms and conditions located at <https://www.secureworks.com/eula/eula-us>.

If this purchase is for (a) a storage product identified in the DELL EMC Satisfaction Guarantee Terms and Conditions located at ("Satisfaction Guarantee") and (ii) three (3) years of a ProSupport Service for such storage product, in addition to the foregoing applicable terms, such storage product is subject to the Satisfaction Guarantee.

You acknowledge having read and agree to be bound by the foregoing applicable terms in their entirety. Any terms and conditions set forth in your purchase order or any other correspondence that are in addition to, inconsistent or in conflict with, the foregoing applicable online terms will be of no force or effect unless specifically agreed to in a writing signed by Dell that expressly references such terms.

Pricing, Taxes, and Additional Information

All product, pricing, and other information is valid for U.S. customers and U.S. addresses only, and is based on the latest information available and may be subject to change. Dell reserves the right to cancel quotes and orders arising from pricing or other errors. Please indicate any tax-exempt status on your PO, and fax your exemption certificate, including your Customer Number, to the Dell Tax Department at 800-433-9023. Please ensure that your tax-exemption certificate reflects the correct Dell entity name: Dell Marketing L.P.

Note: All tax quoted above is an estimate; final taxes will be listed on the invoice.

If you have any questions regarding tax please send an e-mail to Tax_Department@dell.com.

For certain products shipped to end-users in California, a State Environmental Fee will be applied to your invoice. Dell encourages customers to dispose of electronic equipment properly.



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

Texas Inflatables

1107 Reagan Dr.

Laredo, Texas

Phone 956-438-3909

Campus Juarez Lincoln Elem. Rm # Front Office

Date

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		MOONWALK rental for Perfect Attendance/A-B Honor Roll- April 24, 2020	\$1,000.00	\$1,000.00	\$1,000.00
				\$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 \$1,000.00
 Remarks Moonwalk rental for all students with PA, A/B Honor Roll Grand Total \$1,000.00

Cindy Lugo 9/11/19
 Originator (PRINT) Date
 Administrator Signature *[Signature]* 9-11-19 Date

Budget Coordinator _____ Date
 Other _____ Date

9/11/2019

United Independent School District Mail - Your Receipt from Texas Inflatable Rentals



Cynthia Lugo <clugo@uisd.net>

Your Receipt from Texas Inflatable Rentals

1 message

texasinflatablerentals@gmail.com <texasinflatablerentals@gmail.com>
To: clugo@uisd.net

Wed, Sep 11, 2019 at 1:16 PM


Invoice/Receipt







Texas Inflatable Rentals
1107 Reagan Dr. **Important Information - Please Read**
Laredo , Texas 78046 **Below!**
956-436-3909
texasinflatablerentals.com

04/24/2020 10:00am, 04/24/2020 03:00pm
Juarez-Lincoln Elementary
Roberto Ortiz
1003 Espejo Molina
Laredo, TX 78046
clugo@uisd.net
956-286-7574/956-473-3002

Customer Comments:

	Sports Bounce House	Fri, Apr 24 2020 10:00 am - 3:00 pm
	18ft Blue Crush Dry Slide	
		\$125.00 x 1 = \$125.00
		\$250.00 x 1 =

					\$250.00
	14ft Dry Slide	\$175.00	x 1	=	\$175.00
	Extreme Obstacle Course	\$275.00	x 1	=	\$275.00
	22ft Module Water Slide	\$400.00	x 1	=	\$400.00

SubTotal	\$1,225.00
General Discount: 225	-\$225.00
Travel Fee	\$0.00
Tax: 0%	\$0.00

Total \$1,000.00
 Deposit Required \$100.00
 Due \$1,000.00

[Click here to view contract \(MjAxOS0wOS0xM0xMSAxMjoxNDoxOXRIeG FzaW5mbGF0YVJzZXM5MDcx\)](#)

[Click here to view contract](#)

A few tips and reminders: (PLEASE READ BELOW)

- 1) We accept cash, checks and most credit cards. If paying with cash, please note that our drivers don't carry change. Payment is due at time of set up.
- 2) We can set up on most surfaces but not rocks of any kind. Please call us if you are unsure.
- 3) All inflatable units MUST be staked in the ground for safety. If your event will be on a surface where stakes are not allowed, please contact us to discuss other options such as sandbags. (additional fees may apply).

9/11/2019

United Independent School District Mail - Your Receipt from Texas Inflatable Rentals

- 4) We will call you the day before your event with a set up time (we sometimes have to arrive very early to get all of the jumps out on time but we do not charge for the extra time)
- 5) Please call as early as possible if you need to cancel for weather or any other reason. Once we've set up, we do not give refunds for any reason including weather. Please see the FAQ and Policies pages on our web site.
- 6) If your event will be at a park. Please tell us. It affects our scheduling. You will need to either provide electricity within 50' or rent a generator which we can provide at an additional cost.

We want your party to go as smoothly as possible. Please call if you have any questions. Thanks!



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

CDW-G

200 N. Milwaukee Avenue

Vernon Hills, IL 60061

Phone 1-800-808-4239

Campus Date Juarez Lincoln Elem. Rm # Front Office

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
30	4547314	Avid AE808-Volume Control Headphones-Black	\$14.05	\$14.05	\$421.50
5	1390551	Belkin 10ft. HDMI Cable, M/M-HDMI cable	\$9.09	\$9.09	\$45.45
				\$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 \$466.95
 Remarks Headphones and HDMI cables for computer use.quote# KWLW999 Grand Total \$466.95

Cindy Lugo 9/11/19
 Originator (PRINT) Date
Cindy Lugo 9-11-19
 Administrator Signature Date

Budget Coordinator Date
 Other Date

QUOTE CONFIRMATION



DEAR UNITED ISD,

Thank you for considering CDW•G for your computing needs. The details of your quote are below. [Click here](#) to convert your quote to an order.

QUOTE #	QUOTE DATE	QUOTE REFERENCE	CUSTOMER #	GRAND TOTAL
KWLW999	9/11/2019	AVID + BELKIN	2026924	\$466.95

QUOTE DETAILS				
ITEM	QTY	CDW#	UNIT PRICE	EXT. PRICE
<u>Avid AE808 Volume Control Headphones - Black</u> Mfg. Part#: 1AEB-08VCCC-BKCS32 Contract: TIPS Computers, Equipment, Components (180306)	30	4547314	\$14.05	\$421.50
<u>Belkin 10ft HDMI Cable, M/M - HDMI cable - 10 ft - B2B</u> Mfg. Part#: F8V3311B10 UNSPSC: 26121604 Contract: TIPS Computers, Equipment, Components (180306)	5	1390551	\$9.09	\$45.45

PURCHASER BILLING INFO		SUBTOTAL	\$466.95
Billing Address: UNITED INDEPENDENT SCHOOL DISTRICT ATTN: YOLANDA JAIME 201 LINDENWOOD DR LAREDO, TX 78045-2429 Phone: (956) 473-6222 Payment Terms: NET 30 Days-Govt/Ed		SHIPPING	\$0.00
		SALES TAX	\$0.00
		GRAND TOTAL	\$466.95
		DELIVER TO Shipping Address: UNITED INDEPENDENT SCHOOL DISTRICT 201 LINDENWOOD DR LAREDO, TX 78045-2429 Phone: (956) 473-6222 Shipping Method: UPS Ground	

Need Assistance? CDW•G SALES CONTACT INFORMATION



Mike Smith

(866) 691-7123

miksmi@cdw.com

This quote is subject to CDW's Terms and Conditions of Sales and Service Projects at <http://www.cdw.com/content/dam/cdw/locations/product-sales.aspx>
 For more information, contact a CDW account manager

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