

UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Approval of	Requests from Board Membe	rs in re: Use	of Board Trustees Discretionary
Funds for Various	Projects/Campuses		
SUBMITTED BY:	Aliza Flores-Oliveros		
APPROVED FOR T	TRANSMITTAL TO SCH	OOL BOAR	RD:
DATE ASSIGNED	FOR BOARD CONSIDER	ATION: M	farch 20, 2019
	s recommended that the United ISD I Discretionary Funds Various Projec		es approve Requests from Board Members in
RATIONALE:			
BUDGETARY INFORMAT	TION:		
POLICY REFERENCE & C	COMPLIANCE:		
4			



Requesting Campus:	Dr. Henry Cuellar Elementary
Campus Principal:	Andrea Sanchez
Board Member:	Aliza Flores Oliveros
Board Member:	Juan Roberto Ramirez, Ramiro Veliz and Rick Rodriguez
Board Member:	
staff development for materials. Estimated Cost of Req Principal or Director S ASSOCIATE SUPERI	t: \$5,000 is requested to fulfill the remainder of the \$7,500 annual Basic Membership Fee to ales Inc. The annual tee includes "The Leader in Me" onsite coaching, 8 days of combined designated personnel, additional training for new staff, and online access to membership (Mr. Veliz, Rodriguez and Ramirez \$1000.00/each) suest: \$5,000 (Mrs. Oliveros \$2000.00) Signature: Date: 2/25/19 INTENDENT APPROVAL: Yes No Date:
SUPERINTENDENT A	
Signature:	Date:
BOARD MEMBER AI Signature:	PPROVAL: No
BOARD MEMBER AI Signature: <u>7</u>	PROVAL: Rodriguez Jes No
BOARD MEMBER AF	PROVAL: Rodriguez Jes No
	ROADD ADDDOVAL DATE.

Exhibit A



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

Requesting Campus: LYNDON B. JUHNSON HIGH SCHOOL
Campus Principal: MR. ARMANDO SALAZAR
Board Member: RAMIRO VELIZ III
Board Member:
Board Member:
Description of Request: THIS MONEY WILL BE USED FOR A STUDENT FIELD TRIP TO SEE THE PLAY HAMILTON
Estimated Cost of Request: \$1500.00
Principal or Director Signature: Date: 2-26-19
ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:
SUPERINTENDENT APPROVAL: Yes No
Signature: Date:
BOARD MEMBER APPROVAL: Signature: Ramiro Veliz III Date: 02-27-19
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.



Requesting Campus:	LYNDON B. JOHNSON HIG	SH SCHOOL		
Campus Principal:	MR. ARMANDO SALAZAR			
Board Member: JA	VIER MONTEMAYOR JR.			
Board Member:				
Board Member:	30 SEC. 19 SEC.		or or other than the second	
Description of Reques	t: THIS MONEY WILL BE U	JSED FOR A S	ΓUDEN	T FIELD TRIP TO SEE THE PLAY
Estimated Cost of Req	uest: \$1500.00			
Principal or Director S	Signature: Jala:	zar	<u></u>	Date: 2-26-19
ASSOCIATE SUPER	INTENDENT APPROVAL:	Yes		No
Signature:			Date:	
SUPERINTENDENT	APPROVAL:	Yes	- 1	No
Signature:		<u> </u>	Date:	
BOARD MEMBER A	PPROVAL;	Yes	<u>a</u> ç	No
Signature:	Griselda Rodriguez Jawier Montemay	ior, Jr.	Date:	02-27-19
BOARD MEMBER A	PPROVAL:	Yes	-	No
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Yes	_	No
Signature:			Date:	
	BOARD APPROVAL	DATE:		

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



Requesting Campus:	LYNDON B. JOHNSON HI	GH SCHOOL		
Campus Principal:	MR. ARMANDO SALAZAR			
Board Member: JU	JAN ROBERTO RAMIREZ			
Board Member:				
Board Member:				
Description of Reques	t: THIS MONEY WILL BE	USED FOR A S	FUDEN	T FIELD TRIP TO SEE THE PLAY
Estimated Cost of Req	uest: \$1500.00			
Principal or Director	Signature: Afalas	in		Date: 2-27-19
ASSOCIATE SUPER	INTENDENT APPROVAL:	Yes	-	No
Signature:	88		Date:	
SUPERINTENDENT	APPROVAL:	Yes	-0:	No
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Nes /	47g	No
Signature:	PPROVAL: Briselda Rodriguez Juan Roberto Ram	<u>irez</u>	Date:	02-28-19
BOARD MEMBER A	PPROVAL:	Yes	-3	No
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Yes	-	No
Signature:			Date:	

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

BOARD APPROVAL DATE:



Requesting Campus:	Lyndon	B John	van H	ligh	School	
Campus Principal:	Armando	Saluzar				
Board Member:	Ricardo Mo	. 1			_	
Board Member:						
Board Member:						
Description of Reque	st: <u>Colorguar</u>	d equipment	flugs	and	rifler, tran	ol Segr
Estimated Cost of Re	quest: \$1,90	10.00			1 1	ida -
Principal or Director	Signature:	felazon	1	Date:	2/28/9	
ASSOCIATE SUPER	UNTENDENT APPRO	OVAL: Yes		o		
Signature:			Date: _			-
SUPERINTENDENT	APPROVAL:	Yes	1	vo		
Signature: _			Date: _		·-···	_
BOARD MEMBER A	APPROVAL: Briselda Ro Ricardo Mi	driguez for	Date:	No	2-28-19	
BOARD MEMBER A	APPROVAL:	Yes		Yo		
Signature: _		<u> </u>	Date:			-
BOARD MEMBER A	APPROVAL:	Yes		No		
Signature:			Date: _		<u> </u>	-
· · · · · · · · · · · · · · · · · · ·						

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

BOARD APPROVAL DATE:

Exhibit A



Requesting Campus:	A.KWZ L	ementari	1		
Campus Principal:	Michelle C	intú :	J		
Board Member:	Michelle Co Rick Rodr	ique			
Board Member:		J			
Board Member:					
Description of Request:					
The month recor	inition/Sch	wol Busi	es for	Science Club	FieldTri
Estimated Cost of Request:	<u>- 9,500.00</u>	·		(8)	<u>. </u>
Principal or Director Signat	ture: Mychel	leaCant	1	Date: 2/38/19	
ASSOCIATE SUPERINTE	NDENT APPROVAL:	Yes		No	
Signature:					
SUPERINTENDENT APPR	ROVAL:	Yes		No	T
Signature:			Date: _		_
BOARD MEMBER APPRO	OVAL: A Rodani	Yes	_ 1	No	
BOARD MEMBER APPRO	rdo "Rick" Roo	liques	Date: _	02-28-19	
BOARD MEMBER APPRO	OVAL:	Yes	1	No	
Signature:		Re*	Date: _		_ -
BOARD MEMBER APPRO	DVAL:	Yes	1	No	
Signature:			Date: _		
	ROARD APPROVA	I DATE:			



Requesting Campus: _	RODOLFO C. CENT	ENO ELEMENTA	ARY	
Campus Principal:	MS. AMABILIA GON	NZALEZ		
Board Member:	MR. RICARDO "RIC	CK" RODRIGUEZ	1	
Board Member:				
Board Member:				
Description of Request:	STAAR T-SHIRTS	S FOR STUDENT	S	
Estimated Cost of Requ		Amzi C)	Date: 2/27/19
ASSOCIATE SUPERIN	NTENDENT APPROVA	L: Yes	_	No
Signature:			Date:	
SUPERINTENDENT A	APPROVAL:	Yes	_	No
Signature:			Date:	
BOARD MEMBER AP	PROVAL: Priseldo Rodrigu Ricando "Rich"	ez des v	Date:	No
BOARD MEMBER AP	PROVAL:	Yes	_	No
Signature:			Date:	<u> </u>
BOARD MEMBER AP	PROVAL:	Yes		No
Signature:	888.58		Date:	
	BOARD APPRO	OVAL DATE:		



PURCHASE REQUISITION

Pg. 1 of 1

POR	CHILDMAN									VENDOR N	IAME AND A	DDRESS
									K & M	SPORTS		
			Prog	Local	Proj.		Sub					
Fund/YR	Func	Org	Code	Option	Num	Obj.	Object	Amount	_			
- 6								<u> </u>	2918 SA	NTA URSULA S	TE, C	
									LAREDO), TX 78041		
			<u> </u>				<u> </u>	<u> </u>	Phone	717-6767		
		Budget (Code				Accour	nt Code	Campus Date	R. C. CENTENO EL February 18, 2018	EM. Rm #	OFFICE
Арргоча	l Code		DISC.	FUNDS_		Discount				Unit Price	Discounted	Extension
Qty		tem					Descrip	tion		Unit Price Per	Price Per	Unit Total
405	JERZE	ES 29E	1/29M					OGO IN FROI GREEN AND F		\$5.75		\$2,328.75
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Dispositio				Mail	Pi	ckUp		Fax		Pag	• Total	\$2,328.75
Remarks			notmail.c							Gra	nd Total	\$2,328.75
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Originato	2)(PRINT	16	372	2	<u> </u>	120/	<u>'</u> (ፕ <u></u>	ludget Coordinator		Date	_
Administr	rator Cin	galuten	1	/1	1	n n	ala "		Wher		Date	

Print

Download PDF



ESTIMATE

K & M Sports 2918 Santa Ursula Ave Ste. C Laredo, TX 78040 **United States**

(956)717-8767

BILL TO

Centeno Elementary School

Estimate Number: e-197

Estimate Date: January 23, 2019

Expires On: January 23, 2019

Grand Total (USD): \$2,328.75

Quantity **Product** Price Amount T-shirts 405 \$5.75 \$2,328.75

Jerzees 29B/29M royal blue with screen printed logo in front chest (4 colors white, yellow, green and red) **STAAR** 3rd grade YS 20 YM 61 YL 45 YXL12 **AS 5 AM 1** 4th grade YXS 1 YS 12 YM 56 YL 34 YXL 9 AS 9 AM 2 AL 1 5th grade YS 1 YM 43 YL 49 YXL 19 AS 11 AM 10 AL 4

Total:

\$2,328.75

Grand Total (USD):

\$2,328.75

Notes

ATT'N. MS. FLORES





Requesting Campus: _	RODOLFO C. CENTENC	DELEMENTA	RY	
Campus Principal:	MS. AMABILIA GONZA	LEZ		
Board Member:	MR. RICARDO "RICK"	RODRIGUEZ		
Board Member:				
Board Member:				
Description of Request:	STUDENT INCENTIV	/ES		
Estimated Cost of Requ		m2 a	00	Date: 2/37/19
ASSOCIATE SUPERII	NTENDENT APPROVAL:	Yes		No
Signature:			Date:	
SUPERINTENDENT A	PPROVAL:	Yes	_	No
Signature:			Date:	223
BOARD MEMBER AP	PROVAL: Priselda Rodrigu	Yes		No
Signature:	icardo 'Rich" Rod	riques	Date:	2/26/19
BOARD MEMBER AP	PROVAL:	Yes		No
Signature:			Date:	
BOARD MEMBER AP	PPROVAL:	Yes		No
Signature:			Date:	
	ROADD APPROVAL	I DATE:		



PURCHASE REQUISITION

Pg. 1 of 1

FOR	HILDREN									VENDOR I	NAME AND ADD	RESS
									WAL-I	MART		
d/YR	Func	grO	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount				
									4401 S	ZAPATA HWY		
										D, TX 78046		
									Phone	717-0492		
		Budget	Code	<u> </u>			Accoun	t Code	Campus Date	R. C. CENTENO EL February 19, 2019	EM. Rm / C	FFICE
roval	Code	:	DISC. F	UNDS		Discount	:					
У		Item					Descrip	lion		Unit Price Per	Discounted Price Per	Extension Unit Total
	INC	ENTIVE	s	KIND	LES, B	IKES, BE	ADS, NI	NTENDO DS		\$1,500.00		\$1,500.00
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MA]	-	GQ	NZAI	.FZ		2/19	1/19		ludget Coordinator		Date	
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linistr	ator Sic	nature	~/	. ~	_	/ Da	ıtő	(ther		Date	



Requesting Campus: _	RODOLFO C. CENTER	NO ELEMENTA	RY	
Campus Principal:	MS. AMABILIA GONZ	ZALEZ		
Board Member:	MR. RICARDO "RICK	" RODRIGUEZ		
Board Member:				
Board Member:				
Description of Request:	CUSTODIAL SUPP	LIES—GULF CO	OAST PA	APER CO. INC. \$823.90
		DR. IKE	S \$347.3	5
Estimated Cost of Requ	est: \$1,171.25	^		
Principal or Director Si	gnature:	and	<u>></u>	Date: 2/37/17
ASSOCIATE SUPERIN	NTENDENT APPROVAL:	Yes	_	No
Signature:			Date:	
SUPERINTENDENT A	PPROVAL:	Yes	_	No
Signature:			Date:	
BOARD MEMBER AP	PROVAL: Driselda Rodrig	Yes	_	No
Signature: R	cardo "Rich" Rod	rigues	Date:	02/26/19
BOARD MEMBER AP	PROVAL:	Yes		No
Signature:			Date:	
BOARD MEMBER AP	PROVAL:	Yes		No
Signature:			Date:	
	BOARD APPROV	AL DATE:		



PURCHASE REQUISITION

Pg. 1 of 1

CHILDREN	0.000								VENDOR N	NAME AND ADE	DRESS
								GULF	COAST PAP	ER CO. INC	•
Fonc	Ora	Prog.	Local	Proj. Num	Obi.	Sub Oblect	Amount				
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										78416	
									956-845-6889		
	Budget (Code	-			Accour	t Code	Campus Date	R. C. CENTENO EL February 27, 2019	EM. Rm#	OFFICE
l Code	ltem .	DISC. F	UNDS		Discount		lion		Unit Price	Discounted	Extension Unit Total
	2828		28" 0	RANG	E TRAF	FIC CON	ES		\$24.50	71100 F07	\$612.50
CR	WV201	R	REFLE	CTIVE	VEST				\$4.87	\$4.87	\$73.05
	2640		DOLLY	FOR T	RASH RE	CEPTACLI			\$27.67	\$27.67	\$138.35
							<u> </u>			\$0.00	\$0.00
							1.00			\$0.00	\$0.00
										\$0.00	\$0.00
						(PE	NDING VEST SIZ	ES)		\$0.00	\$0.00
										\$0.00	\$0.00
						* 0				\$0.00	\$0.00
										\$0.00	\$0.00
										\$0.00	\$0.00
n:	Check		Mail	P(ckUp		Fax 958-712-9455				\$823.90
D 17 1		NT7 A 7	127		<u> </u>				Gra	ing (Otal)	\$823.90
	A GO	AL	<u></u>	$\overline{}$			- Bud	get Coordinator		Date	-
ator Sic	nature	<i>'/()}</i>		-	- 0 / /o	d // /	Oth	er .		Date	•
	GR GR	Budget of I Code: Item 2828 CRWV201 2640	Func Org Code Budget Code Code: DISC. F Item 2828 CRWV201R 2640 BILIA GONZAI PRINTY P	Func Org Code Option Budget Code I Code: DISC. FUNDS Item 2828 28" O CRWV201R REFLE 2640 DOLLY BILLA GONZALFZ TORINTY TO	Func Org Code Option Num Budget Code I Code: DISC. FUNDS Item 2828 28" ORANG CRWV201R REFLECTIVE 2640 DOLLY FOR TO In: Check Mail Propio Num Propio Local Propio Num Num Budget Code DISC. FUNDS REFLECTIVE A COMMAND NUM REFLECTIVE Propio Num Num Propio Num Num Propio Num Num Propio Num Num Propio	Func Org Code Option Num Obj. Budget Code I Code: DISC. FUNDS Discount Item 2828	Func Org Code Option Num Obj. Sub Budget Code Account: Item Descript 2828 28" ORANGE TRAFFIC CON GRWV201R REFLECTIVE VEST 2640 DOLLY FOR TRASH RECEPTACLE (PE (PE BILIA GONZALEZ 2/27/19 Date Office of the Num Obj. Object Proj. Object Sub Obj	Func Org Code Option Num Obj. Object Amount Budget Code Account Code I Code: DISC. FUNDS Discount: Item Description 2828 28" ORANGE TRAFFIC CONES CRWV201R REFLECTIVE VEST 2840 DOLLY FOR TRASH RECEPTACLE (PENDING VEST SIZI	GULF Func Org	Func Org Prog. Local Proj. Object Amount	Func Dig Code Proj. Code Proj. Obj. Object Amount

QUOTE

QUOTE									
			JLF CC	TPAC					-
- 15									
Gulf Coast Paper	r		API	ER					
1101 S. P. I. D.			CO. IN			ļ			
Corpus Christi, T.	X 78416		CO. IN	∪.		02/2	7/19		1
Telephone: 956-	645-6869							·	
Fax: 956-712-94	55	"Much	More Than	Paper"					
Cell:									
Sales Representa	tive: ABRAHAN	1 ZARATE			www.	gulfcoastpape	r.com		
Customer: UNITI	D ISD								
		1							1
ITEM NUMBER		DESCRIPTION	ON.	·	CASE PACK	UNIT PRICE	CASE PRICE	QTY	EXT
	28" ORANGE T				1		\$24.50	25	\$612.50
	REFLECTIVE VE				1		\$4.87	15	\$73.05
		ASH RECEPTACLE			1		\$27.67	5	\$138.35
2640	DOLLI TOR IN	WIT NECET INCLE			-		727.07		\$0.00
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	FUEL SURCHA	RGE							\$0.00
	TOTAL								\$823.90
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PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

			Prog.	Local	Proj.		Sub	2		DR. IK	E'S HOME C	ENTER	
Fund/YR	Func	Org	Code	Option	Num	ОЫ.	Object	Amount	ـــ, ا				
									:	4200 IH	35 NORTH		
										LAREDO	D, TX 78041		
		<u> </u>				<u> </u>	1	<u> </u>		Phone	721-7300		
	ı	Budget	Code				Accour	nt Code		Campus Date	R. C. CENTENO EL February 26, 2019	EM. Rm #	OFFICE
Approval	Code	:	DISC. F	FUNDS		Discount	•	<u>:</u>					
Qty		Item					Descrip	tion			Unit Price Per	Discounted Price Per	Extension Unit Total
1								, ANCHORS, //ELECTRICA			\$347.35		\$347.35
												\$0.00	\$0.00
												\$0.00	\$0.00
												\$0.00	\$0.00
	·											\$0.00	\$0.00
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					ţ.							\$0.00	\$0.00
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												\$0.00	\$0.00
Disposition		Check		Mail		ickUp		Fex 956-723-59	88			● Total	\$347.35
Remarks	_				AFTER	APPROVAL.	. TYI				Gra	nd Total	\$347.35
AMA	3ILI/	LGC	NZAI	.FZ		2/26	3/19						_
Originator	Y	ARINT	AT	n2/	1	_	19 26/ 10	1/5	Budget Co	ordinator		Date	
Administra	alor Sig	nature	1	<i>''D'</i>	5	6	ite /	. ·	Other			Date	_



Requesting Campus:	RODOLFO C. CENTENC	D ELEMENTAI	RY (RE	VISED)
Campus Principal:	MS. AMABILIA GONZA	LEZ		
Board Member:	MR. RAMIRO VELIZ, II	<u> </u>		
Board Member:				
Board Member:				
Description of Request:	TEACHER/STUDENT	r incentives	s, indus	STRIAL COMMUNICATIONS,
	WHACHA! DESIGNS	SMURALS		
Estimated Cost of Requ	nest: \$6,000.00			
Principal or Director S	ignature	DWS	2	Date: 2/28/19
ASSOCIATE SUPERI	NTENDENT APPROVAL:	Yes	_	No
Signature:			Date:	
SUPERINTENDENT A	APPROVAL:	Yes		No
Signature:			Date:	
BOARD MEMBER AI	PROVAL: Brisilda Rodrigue	Yes	-	No
Signature:	Ramirot eliz, II	3000	Date:	02/28/19
BOARD MEMBER AI	PPROVAL:	Yes	_	No
Signature:			Date:	
BOARD MEMBER A	PPROVAL:	Yes		No
Signature:			Date:	
	ROARD APPROVA	L DATE:		



PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

ind/YR	Func	Org	Prog. Code		Proj.	Obj.	Sub Object	Amount	WAL-N	MART		
								\$405.43	4401 S.	ZAPATA HWY.	83	
									LAREDO), TX 78046		
									Phone	727-0492		
	(Budget	Code				Accoun	t Code	Campus Date	R. C. CENTENO EL February 28, 2019	EM. Rm#	OFFICE
p roval Ity		: Item	DISC.	FUNDS_	<u>-</u>	Discount:	Descrip			Unit Price Per	Discounted Price Per	Extension Unit Total
1	INCI	ENTIVI	ES			ENDO D		DS, KINDLES, E	оомвох	T .	71100 701	\$405.43
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position marks			10 P.O. T	Mail		ickUp JP	_x	Fax			ge Total	\$405.43 \$405.43
	311 14	LGC SUNT	NZA	LEZ Doza	2	2/28		ls Bu	dget Coordinator		Date	
nucieto	ator Sig	natura	~//_	"7		Dai			her		Date	_



PURCHASE REQUISITION

Pa. 1 of

FOR	CHILDREN									VENDOR	NAME AND ADD	PRESS
								15	POSIT	IVE PROMO	TIONS, INC.	
und/YR	Func	Org	Prog. Code	Local	Proj. Num	Obj.	Sub Object	Amount				
and m	1 5/10	J.,	0000	T				\$2,111,80	15 GILP	IN AVENUE	_	
									HAUPP	AUGE, NY 1178	8	
									Phone	1-877-258-1225 EX	T, #4238	-
		Budget	Code				Accoun	nt Code	Campus	R. C. CENTENO EL	.EM. Rm #	OFFICE
			2.2-2						Date	February 28, 2019		
prova Sty	l Code	: Item	DISC. F	UNDS		Discount	: Descrip	tion		Unit Price Per	Discounted Price Per	Extension Unit Total
05	0	S-6292		GN19	: SAF	ETY BRI	EAKAWA	Y LANYARD-	·BL/GD	\$1.39		\$145.95
1		su		SET-U	IP CH	ARGE	(BUCK V	v/school Lo	GO)	\$50.00	:	\$60.00
05	0	SA1678	В	WALLE	T W/II	D WINDO	OWROY/	AL BLUE/WHITE	LTRG	\$1.79		\$187.95
1		SU		SET-U	CHAP	RGE (BU	JCK W/SC	HOOL LOGO)		\$50.00		\$50.00
05	В	3-264	Y	GS19:	PORT	LAND BR	IEFCASE E	BAG: ONE		\$8.29		\$870.45
05	VI	P-821	1	GS19:	PORT	FOLIO/PI	EN (BLUE)) ONE SCHOOL.	•	\$7.69		\$807.45
									-			
							QU	OTE #: 001	01183			
+												
\dashv											ā	<u> </u>
ispositio	ın:	Check		Mall	P	ickUp		Fax 1-877-258-12	26		ge Total	\$2,111.80
emarks			N 17 4 T	127						Gr	and Total	\$2,111.80
<u> 1947</u>	ياسالخ	AGC	NY A	<u>.cz</u>	$-\!\!\!\!/\!\!\!\!/$		8/19 ·	7	udget Coordinator		Dale	-
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dminist	alor Si	nature	7	<u>"77"</u>		D	aje		ther		Date	-

POSITIVE PROMOTIONS, INC.

15 GILPIN AVENUE • HAUPPAUGE, NY 11788 • 1-877-258-1225 • FAX: 1-877-258-1226

Quotation

2/28/19

Customer #: 00328983-53 Quote #: 00101183 Key Code: TL4W Page 1 of 3

Bill to:

Ship to:

UNITED INDEPENDENT SCHOOL DIST 201 LINDENWOOD DR LAREDO TX 78045-2429 LUPITAF@UNITEDISD.ORG

UNITED INDEPENDENT SCHOOL DIST 201 LINDENWOOD DR LAREDO TX 78045-2429 Attn: LUPITA FLORES

Ordered By	Purchase Order Number	Phone	Number 1	Fax Number
LUPITA FLORES		956-47	/3-3001	956-473-3099
IMPRINT C IMPRINT L CLIP OPTI		Qty <u>Free</u>	Unit <u>Price</u> 1.3900 50.0000	Total <u>Price</u> 145.95 50.00

Imprint Copy:
R. C. CENTENO ELEMENTARY BUCK LOGO
VP Imprint Instructions:
*LOGO

POSITIVE PROMOTIONS, INC.

15 GILPIN AVENUE • HAUPPAUGE, NY 11788 • 1-877-258-1225 • FAX: 1-877-258-1226

Quotation

2/28/19

Customer #: 00328983-53 Quote #: 00101183 Key Code: TL4W Page 3 of 3

Bill to:

Ship to:

UNITED INDEPENDENT SCHOOL DIST 201 LINDENWOOD DR LAREDO TX 78045-2429 LUPITAF@UNITEDISD.ORG UNITED INDEPENDENT SCHOOL DIST 201 LINDENWOOD DR LAREDO TX 78045-2429 Attn: LUPITA FLORES

Ordered LUPITA F		Purchase Orde	r Number	Phone 1 956-47		Fax Number 956-473-3099
Item <u>Number</u> BB-264Y VP-8211	GS19:PORTFOLIC PRODUCT COLO IMPRINT COLO	BRFCSE BAG: ONE D/PEN (BLU) ONE SO DR = ROYAL BLUE DR = WHITE ON = PERSONALI	C 105	Qty <u>Free</u>	Uni: <u>Pric</u> : 8.290: 7.690:	Price 870.45

Quotes are valid for 30 days.

Shipping & Handling: .00
Total Amount: \$2,111.80

DESMOND WAUL



PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

Fund/YR	Func	Org	Prog.	Local Option	Proj. Num	Obj.	Sub Object	Amount		INDUS	TRIAL COMI	MUNICATION	ons
									┐,	1019 E. I	EUCLID AVENU	E.	
_									_	1000	TONIO, TX 782		
							ĺ			Phone	210-226-3682 EXT.		
		Budget	Code	<u> </u>			Accour	it Code		Campus Date	R. C. CENTENO ELI February 27, 2019	EM. Rm#	OFFICE
Approva Qty	I Code	: Item	DISC. I	FUNDS_		Discount	: Descrip	tion			Unit Price Per	Discounted Price Per	Extension Unit Total
3	AC1281	J501M	OTNA	VT-26	1 PO	RTABLE					\$153.22		\$459. 6 6
3	STD	BAT08	119	STAN	DARD	BATTE	RY				\$0.00		\$0.00
3	STD	ANTO	119	STAND	ARD A	NTENNA					\$0.00		\$0.00
3	STD	CHGO	19	STANE	ARD (HARGER					\$0.00	\$0.00	\$0.00
3	Q	A0746	i4	STAND	ARD \	VARRAN'	ТҮ			.5	\$0.00	\$0.00	\$0.00
3	Q	A070 4	8	STAND	ARD F	PACKAGII	NG				\$0.00	\$0.00	\$0.00
3	AA.	J67X5	01	EXTRA	BATT	ERY					\$35.46	\$35.46	\$106.38
3	AAI	E23X5	503	EXTRA	ANTE	NNA					\$18.91	\$18.91	\$56.73
												\$0.00	\$0.00
				CONTA	CT: A	MY GOLI	LINGER a	igollinger@ind	dcom.	net		\$0.00	\$0.00
				-								\$0.00	\$0.00
Dispositie Remarks	on:	Check		Mail	P	ickUp		Fax 210-228-110	00			e Total	\$622.77 \$822.77
	BILL	4 GC	NZAd	LF7		2/27	7/19						
Original		PRINT		m 2	~		2/2	7/6	Budget Co	ordinator		Date	
Administ	TAIOT SK	anature	Sylet	101 1	\mathcal{O}	Di		-/ -/ -	Other			Date	_

QUOTE



1019 E. Euclid Avenue - San Antonio, TX 78212 (210) 226-3682 Ext. 529 - Fax (210) 226-1100 agollinger@indcom.net / www.indcom.net

Company: United ISD

Attn: Lupita Flores

Address: Laredo Tx

Email: Lupitaf@uisd.net

Phone #: 956-473-8809

Fax#:

ITEM	QTY	MODEL#	DESCRIPTION	UNIT \$	EXTENDED \$
1	3	AC128U501MOTNA	VX-261 PORTABLE	\$153.22	\$459.66
1A	3	STDBAT0819	STANDARD BATTERY	\$0.00	\$0.00
1B	3	STDANT0819	STANDARD ANTENNA	\$0.00	\$0.00
1C	3_	STDCHG0819	STANDARD CHARGER	\$0.00	\$0.00
1D	3	QA07464	STANDARD WARRANTY	\$0.00	\$0.00
1E	3	QA07048	STANDARD PACKAGING	\$0.00	\$0.00
2	3	AAJ67X501	EXTRA BATTERY	\$35.46	\$106.38
3	3	AAE23X503	EXTRA ANTENNA	\$18.91	\$56.73
				1	

EQUIPMENT	\$622.77
S&H	\$0.00
INSTALLATION	\$0.00
SALES TAX	\$0.00
TOTAL	\$622.77

Prepared by: Amy Gollinger Date Prepared: 02/27/2019

QUOTE GOOD FOR 30 DAYS.



PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

Fund/YR	Func	Org	Prog. Code	Local Option	Proj	ОЫ	Sub Object	Amount		WHAC	HAI DESIGN]	
ruiterin	FURIC	Org		Ордон	140111	ODj.	Object			402 E I	JULI CIDE CTE 2		
				-				\$2,860.00	-		IILLSIDE STE. 3		
				-						,	956-645-6215		
			Code				Accoun	t Cada		Phone Campus	R. C. CENTENO EL	EM. Rm#	OFFICE
	,	Budget	Code				Account			Date	February 27, 2019	EM. PON W	OFFICE
Approva	Code		DISC. F	UNDS		Discount:					,		
Qty		Item					Descript	tion		<u> </u>	Unit Price Per	Discounted Price Per	Extension Unit Total
1				8 X 20)' DIG	ITAL VIN	IYL MUF	RAL ON MA	X ME	TAL	\$1,360.00		\$1,360.00
1				HAND	PAIN	ITED MU	JRAL W	ITH OIL PAI	NTS		\$1,500.00		\$1,600.00
				(IN	CLUDI	S ALL MA	TERIALS)					
								<u> </u>					
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Dispositio Remarks	n: 	Check		Mail	PI	ckUp		Fax EMAIL: IN	оежн	ACHADESK		e Total nd Total	\$2,860.00 \$2,860.00
AMA Originator		\ GC	NZAL	.EZ	_	2/27 Dal		,	Budget (Coordinator		Date	
Jinailoi /	2 /		300	Ne			7211	119		g was and HOLLA			_
Administr	ady Gig	nature	0 0	1		Dat	6		Other			Date	

INVOICE#: 1017



EMAIL: INFO@WHACHADESIGN.COM 402 E HILLSIDE STE 3., LAREDO, TX 78041 . 956.645.5215 T-SHIRT - SIGN - PRINT - DESIGN

DATE: 11/18/2018 DUE DATE:

THIS IS YOUR CONTACT: MS. GONZALEZ

ORGANIZATION: R.C. CENTENO ELEM ADDRESS: 2710 LA PITA MANGANA RD

LAREDO, TEXAS 78046

(956) 473-8800

PHONE

EMAIL: LUPITAFOUISD.NET

TOTALS

€

\$1500.00 \$1360.00

DESCRIPTION

1.) 8X20 DIGITAL VINYL MURAL ON MAX METAL

STINI \$1360

2.) HAND PAINTED MURAL WITH OIL PAINT (INCLUDES ALL MATERIALS)

\$1500

PLEASE MAKE CHECKS WHACHA DESIGN PAYABLE TO:

EXEMPT 1017 14 \$2860.00 BALTANG# \$2860.00 SUBTOTAL: \$2860.00 TAX: DEPOSIT: 0

TERMS & CONDITIONS (PLEASE READ THE FINE PRINT):1. ALL ORDERS REQUIRE 50% DOWN DEPOSIT, TO BEGIN PRODUCTION (NO EXCEPTIONS), 2, ONCE ART IS APPROVED, IT TAKES 10 WORKING DAYS OR LESS TO COMPLETE JOBS .3. ALL ARTWORK IS PROPERTY OF WHACHA DESIGN, UNLESS STATED. 4.FULL BALANCE DUE ON PICK UP OR BEFORE SHIPPING. IT'S BEEN BREAT WORKING WITH YOU. PLEASE CONSIDER US AGAIN FOR YOUR NEXT PROJECT..

THANK YOU!

Form W-9 (Rev. October 2018)

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.												
1	+ rancisca E. Cevventel 2 Business name/disregarded entity name, if different from above													
	Whacha Design													
page 3.	Check appropriate box for federal tax classification of the person whose name following seven boxes.		certain entitles, not individuals; see instructions on page 3):											
. 5	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation single-member L.C	☐ Partnership ☐ Trust/est												
E G	Limited liability company. Enter the tax classification (C=C corporation, S=	S composition D-Portmerchin\h	Exempt payee code (if any)											
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax puls disregarded from the owner for U.S. federal tax puls disregarded from the owner for U.S. federal tax puls disregarded from the owner should check the appropriate box for the tax	of the single-member owner. Do not cl im the owner unless the owner of the LL rposes. Otherwise, a single-member LL	C is											
2	☐ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)											
တ္ထ	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's n	ame and address (optional)											
See	6 City, state, and ZIP code													
	Loredo, 1× 78041													
	7 List account number(s) here (optional)													
Day	Taynayar Idantification Number (TIN)													
Pari	Taxpayer Identification Number (TIN) rour TIN in the appropriate box. The TIN provided must match the name	e given on line 1 to avoid Sec	al security number											
backu	o withholding. For individuals, this is generally your social security num	ber (SSN), However, for a												
resider	nt alien, sole proprietor, or disregarded entity, see the instructions for F s, it is your employer identification number (EIN). If you do not have a n	Part I, later. For other	30-42-2071											
TIN, la		or												
	If the account is in more than one name, see the instructions for line 1.	Also see What Name and Emp	loyer identification number											
ivumbi	er To Give the Requester for guidelines on whose number to enter.													
Part II Certification														
	penalties of perjury, I certify that:													
 The number shown on this form is my correct taxpayer Identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 														
3. I am	a U.S. citizen or other U.S. person (defined below); and													
	FATCA code(s) entered on this form (if any) indicating that I am exemp													
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.														
Sign Here	Signature of U.S. person ► MULLION & Columbia	Date ► 2	2-26-2019											
Ger	neral Instructions	Form 1099-DIV (dividends, including those from stocks or mutual funds)												
Section noted.	n references are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (various types of income, prizes, awards, or gross proceeds) 												
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted beywere published, go to www.irs.gov/FormW9.	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)												
		 Form 1099-S (proceeds from re- 												
•	pose of Form	Form 1099-K (merchant card and third party network transactions)												
inform	ividual or entity (Form W-9 requester) who is required to file an ation return with the IRS must obtain your correct taxpayer cation number (TIN) which may be your social security number	Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)												
(SSN),	Individual taxpayer identification number (ITIN), adoption	• Form 1999-C (canceled debt)												
	er identification number (ATIN), or employer identification number o report on an information return the amount paid to you, or other	 Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident 												
amour	t reportable on an information return, Examples of information	allen), to provide your correct TIN.												
	include, but are not limited to, the following. i 1099-INT (interest earned or paid)	If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.												