



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: Aliza Flores-Oliveros **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: March 20, 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:



Exhibit A

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

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: _____

Description of Request: \$5,000 is requested to fulfill the remainder of the \$7,500 annual Basic Membership Fee to FRANKLIN Covev Sales Inc. The annual fee includes "The Leader in Me" onsite coaching, 8 days of combined staff development for designated personnel, additional training for new staff, and online access to membership materials.
(Mr. Veliz, Rodriguez and Ramirez \$1000.00/each)

Estimated Cost of Request: \$5,000 (Mrs. Oliveros \$2000.00)

Principal or Director Signature: _____

Date: 2/25/19

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: 02-21-19

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Ramiro Veliz, Rick Rodriguez

Date: 02-21-19

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Juan R. Ramirez

Date: 02-21-19

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 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: 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: Yes ☒ No _____

Signature: Briselda Rodriguez for 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.



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: JAVIER MONTEMAYOR JR.

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: *A. Salazar* Date: 2-26-19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Priselda Rodriguez for Javier Montemayor, Jr.* 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.



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: JUAN ROBERTO RAMIREZ

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: *A. Salazar* Date: 2-27-19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Griselda Rodriguez for Juan Roberto Ramirez* Date: 02-28-19

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 2018-2019

Requesting Campus: Lyndon B Johnson High School

Campus Principal: Armando Salazar

Board Member: Ricardo Molina

Board Member: _____

Board Member: _____

Description of Request: Colar guard equipment, flags and rifles, travel gear, floor tarp.

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: Armando Salazar Date: 2/28/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for Ricardo Molina Date: 02-28-19

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 2018-2019

Requesting Campus: A. Ruiz Elementary

Campus Principal: Michelle Cantu

Board Member: Rick Rodriguez

Board Member: _____

Board Member: _____

Description of Request: Incentive Kindle Fire Tablets for student of the month recognition / School Buses for Science Club Field Trip

Estimated Cost of Request: \$9,500.00

Principal or Director Signature: Michelle Cantu Date: 2/28/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Ricardo "Rick" Rodriguez Date: 02-28-19

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 2018-2019**

Requesting Campus: RODOLFO C. CENTENO ELEMENTARY

Campus Principal: MS. AMABILIA GONZALEZ

Board Member: MR. RICARDO "RICK" RODRIGUEZ

Board Member: _____

Board Member: _____

Description of Request: STAAR T-SHIRTS FOR STUDENTS

Estimated Cost of Request: \$2,328.75

Principal or Director Signature:  Date: 2/27/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Briselda Rodriguez for
Ricardo "Rick" Rodriguez Date: 2/26/19

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.

Print

Download PDF



Screen Printing, Embroidery, Trophies and Awards
 (956)717-8767 km.sports@hotmail.com
 2918 Santa Ursula Ste. C Laredo, Tx. 78041

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

Product	Quantity	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

OPTION 1



OPTION 2





Exhibit A

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

Requesting Campus: RODOLFO C. CENTENO ELEMENTARY

Campus Principal: MS. AMABILIA GONZALEZ

Board Member: MR. RICARDO "RICK" RODRIGUEZ

Board Member: _____

Board Member: _____

Description of Request: STUDENT INCENTIVES

Estimated Cost of Request: \$1,500.00

Principal or Director Signature: *A. Gonzalez* Date: 2/27/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Priscilla Rodriguez for Ricardo "Rick" Rodriguez* Date: 2/26/19

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

WAL-MART

4401 S ZAPATA HWY

LAREDO, TX 78046

Phone 717-4492

Campus R. C. CENTENO ELEM.

Rm # OFFICE

Date February 19, 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	INCENTIVES	KINDLES, BIKES, BEADS, NINTENDO DS	\$1,500.00		\$1,500.00
		PLEASE SEND TO CAMPUS FOR P/UP			

Disposition: Check _____ Mail _____ Pickup X Fax _____

Remarks km.sports@hotmail.com

Page Total \$1,500.00

Grand Total \$1,500.00

AMABILIA CONZALEZ

2/19/19

Originator (Signature) Date 2/19/19

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: RODOLFO C. CENTENO ELEMENTARY

Campus Principal: MS. AMABILIA GONZALEZ

Board Member: MR. RICARDO "RICK" RODRIGUEZ

Board Member: _____

Board Member: _____

Description of Request: CUSTODIAL SUPPLIES—GULF COAST PAPER CO. INC. \$823.90

DR. IKE'S \$347.35

Estimated Cost of Request: \$1,171.25

Principal or Director Signature:  Date: 2/27/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature:  Date: 02/26/19

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

GULF COAST PAPER CO. INC.

1101 S. P. I. D.

CORPUS CHRISTI, TX 78416

Phone 956-645-6889

Campus R. C. CENTENO ELEM. Rm # OFFICE

Date February 27, 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
25	2828	28" ORANGE TRAFFIC CONES	\$24.50		\$612.50
15	CRWV201R	REFLECTIVE VEST	\$4.87	\$4.87	\$73.05
5	2840	DOLLY FOR TRASH RECEPTACLE	\$27.67	\$27.67	\$138.35
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
		(PENDING VEST SIZES)		\$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 956-712-9455

Remarks _____

Page Total

\$823.90

Grand Total

\$823.90

AMABILIA GONZALEZ

2/27/19

Originator

(PRINT)

Date

Administrator Signature

Date

Budget Coordinator

Date

Other

Date

QUOTE

[illegible]



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

DR. IKE'S HOME CENTER

4200 IH 35 NORTH

LAREDO, TX 78041

Phone 721-7300

Campus R. C. CENTENO ELEM. Rm # OFFICE

Date February 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		CART WHEELS, DRILL BIDS, ANCHORS, SCREWS, NAILS, WATER HOSES, DUCT/ELECTRICAL TAPE	\$347.35		\$347.35
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$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 956-723-5988

Page Total \$347.35

Remarks PLEASE SEND P.O. TO CAMPUS AFTER APPROVAL. TYI

Grand Total \$347.35

AMABILIA GONZALEZ

2/28/19

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 2018-2019

Requesting Campus: RODOLFO C. CENTENO ELEMENTARY (REVISED)

Campus Principal: MS. AMABILIA GONZALEZ

Board Member: MR. RAMIRO VELIZ, III

Board Member: _____

Board Member: _____

Description of Request: TEACHER/STUDENT INCENTIVES, INDUSTRIAL COMMUNICATIONS,
WHACHA! DESIGNS--MURALS

Estimated Cost of Request: \$6,000.00

Principal or Director Signature: [Signature] Date: 2/28/19

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Griselda Rodriguez for Ramiro Veliz, III Date: 02/28/19

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

POSITIVE PROMOTIONS, INC.

15 GILPIN AVENUE

HAUPPAUGE, NY 11788

Phone 1-877-258-1225 EXT. #4238

Campus R. C. CENTENO ELEM. Rm # OFFICE

Date February 28, 2019

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount
								\$2,111.80

Budget Code

Account Code

Approval Code: DISC. FUNDS Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
105	OS-5292	GN19: SAFETY BREAKAWAY LANYARD--BL/GD	\$1.39		\$145.95
1	SU	SET-UP CHARGE (BUCK W/SCHOOL LOGO)	\$50.00		\$50.00
105	OSA1678	WALLET W/ID WINDOW--ROYAL BLUE/WHITE LTRG	\$1.79		\$187.95
1	SU	SET-UP CHARGE (BUCK W/SCHOOL LOGO)	\$50.00		\$50.00
105	BB-264Y	GS19: PORTLAND BRIEFCASE BAG: ONE	\$8.29		\$870.45
105	VP-8211	GS19: PORTFOLIO/PEN (BLUE) ONE SCHOOL...	\$7.69		\$807.45
		QUOTE #: 00101183			

Disposition: Check _____ Mail _____ Pickup _____ Fax 1-877-258-1228

Page Total \$2,111.80

Remarks

Grand Total \$2,111.80

AMARILIA GONZALEZ

2/28/19

Originator (PRINT)

Date

Administrator Signature

Date

Budget Coordinator

Date

Other

Date

POSITIVE PROMOTIONS, INC.

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

2/28/19

Quotation

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

Bill to:

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

Ship to:

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

Ordered By Purchase Order Number Phone Number Fax Number
LUPITA FLORES 956-473-3001 956-473-3099

Item Number	Description	Quantity Sold	Qty Free	Unit Price	Total Price
OS-5292	GN19:SAFETY BREAKAWAY LANYARD	105		1.3900	145.95
SU	SET-UP CHARGE	1		50.0000	50.00
	PRODUCT COLOR = NAVY				
	IMPRINT COLOR = GOLD				
	IMPRINT LOCATION = LEFT & RIGHT SIDE				
	CLIP OPTION = J HOOK				
	PRODUCTION TIME: 10 BUSINESS DAYS				

Imprint Instructions:
*LOGO

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

POSITIVE PROMOTIONS, INC.

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

2/28/19

Quotation

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

Bill to:

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

Ship to:

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

Ordered By	Purchase Order Number	Phone Number	Fax Number
LUPITA FLORES		956-473-3001	956-473-3099

Item Number	Description	Quantity Sold	Qty Free	Unit Price	Total Price
BB-264Y	GS19:PORTLAND BRFCSE BAG:ONE	105		8.2900	870.45
VP-8211	GS19:PORTFOLIO/PEN(BLU)ONE SC	105		7.6900	807.45
	PRODUCT COLOR = ROYAL BLUE				
	IMPRINT COLOR = WHITE				
	IMPRINT OPTION = PERSONALIZATION ONLY				

Quotes are valid for 30 days.

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

DESMOND WAUL

Fax.:877-258-1226 Phone.:877-258-1225

dwaul@positivepromotions.com



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

INDUSTRIAL COMMUNICATIONS

1019 E. EUCLID AVENUE

SAN ANTONIO, TX 78212

Phone 210-228-3882 EXT. 529

Campus R. C. CENTENO ELEM. Rm # OFFICE

Date February 27, 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
3	AC128U501MOTNA	VT-261 PORTABLE	\$153.22		\$459.66
3	STDBAT0819	STANDARD BATTERY	\$0.00		\$0.00
3	STDANT0819	STANDARD ANTENNA	\$0.00		\$0.00
3	STDCHG0819	STANDARD CHARGER	\$0.00	\$0.00	\$0.00
3	QA07464	STANDARD WARRANTY	\$0.00	\$0.00	\$0.00
3	QA07048	STANDARD PACKAGING	\$0.00	\$0.00	\$0.00
3	AAJ67X501	EXTRA BATTERY	\$35.46	\$35.46	\$106.38
3	AAE23X503	EXTRA ANTENNA	\$18.91	\$18.91	\$56.73
				\$0.00	\$0.00
		CONTACT: AMY GOLLINGER agollinger@indcom.net		\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax 210-228-1100

Page Total

\$622.77

Remarks

Grand Total

\$622.77

AMABILIA GONZALEZ

2/27/19

Originator (PRINT)

Date

Budget Coordinator

Date

Administrator Signature

Date

Other

Date



Full Line Wireless Communications Specialist

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

QUOTE

Company: United ISD

Attn: Lupita Flores

Address: Laredo Tx

Email: Lupitaf@uisd.net

Phone #: 956-473-8809

Fax#:[illegible]

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.

INVOICE#: 1017



T-SHIRT - SIGN - PRINT - DESIGN

EMAIL: INFO@WHACHADESIGN.COM 402 E HILLSIDE STE 3., LAREDO, TX 78041 . 956.645.5215

DATE: 11/18/2018

DUE DATE:

HI! THIS IS YOUR INVOICE

CONTACT: MS. GONZALEZ ORGANIZATION: R.C. CENTENO ELEM

ADDRESS: 2710 LA PITA MANGANA RD

LAREDO, TEXAS 78046

PHONE: (956) 473-8800

EMAIL: LUPTAF@UISD.NET

DESCRIPTION

UNIT\$ QTY. TOTAL\$

1.) 8X20 DIGITAL VINYL MURAL ON MAX METAL

\$1360

1

\$1360.00

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

\$1500

1

\$1500.00

PLEASE MAKE CHECKS
PAYABLE TO:
WHACHA DESIGN

SUBTOTAL: \$2860.00 TAX: EXEMPT TOTAL: \$2860.00

DEPOSIT: 0 BALANCE: \$2860.00

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 GREAT WORKING WITH YOU. PLEASE CONSIDER US AGAIN FOR YOUR NEXT PROJECT..

THANK YOU!

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.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Francisco E. Cervantes	
2 Business name/disregarded entity name, if different from above Wnacha Design	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. 402 E. Hillside Ste. 3	Requester's name and address (optional)
6 City, state, and ZIP code Laredo, TX 78041	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
630-42-2071	
or	
Employer identification number	

Part II Certification

Under 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 ► Francisco E. Cervantes	Date ► 2-26-2019
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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.