

No. _____



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

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

Funds for Various Campuses and Departments

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

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: April 20, 2022

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees approve Requests from Board Members in re: Use of Board of Trustees Discretionary Funds Various Campuses and Departments.

RATIONALE:

BUDGETARY INFORMATION:

POLICY REFERENCE & COMPLIANCE:



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022

Exhibit A

Requesting Campus: Discipline Management Dept.

Campus Principal: Annette Perez

Originators Email: aperez@uisd.net

Board Member: Javier Montemayor

Board Member: _____

Board Member: _____

Description of Request: Spring 2022 Anti-Gang Poster and Winter Olympics Contest – Award Incentive to winners.

Estimated Cost of Request: \$1000.00

Principal or Director Signature:  Date: _____

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Javier Montemayor, Jr. by Griselda Rodriguez Date: 04/08/2022

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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

Revised: September 17, 2019



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022

Exhibit A

Requesting Campus: Centeno Elementary

Campus Principal: Amabilia Gonzalez

Originators Email: agonza34@uisd.net

Board Member: Ramiro Veliz, III

Board Member: _____

Board Member: _____

Description of Request: To cover expense of waters donated to families of students during the

City Water Boil Notice

Estimated Cost of Request: \$420.00

Principal or Director Signature: Amabilia Gonzalez Date: 03/30/2022

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: Ramiro Veliz III by: Griselda Rodriguez Date: 03/31/2022

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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

Revised: September 17, 2019



CHECK REQUEST FORM

Fundraiser: #

This form is to be submitted to the Bookkeeper by the appropriate sponsor with the invoice and/or receipt. Every section must be complete and purpose of expenditure clearly stated so that the campus administrator can consider approval of the request. Unapproved requests will be returned to the sponsor. This request will not be approved if there are insufficient funds in your club account to cover the amount of the request.

Request must be submitted by 10:00 a.m. on Tuesday for check pick-up on Wednesday or 10:00 a.m. on Thursday for check pick-up on Friday, unless otherwise specified at your campus.

Section 1Campus: CENTENO ELEMENTARY SCHOOLPay to: HEBDate: 2/28/2022Amount: \$420.00Mailing Address: 1911 E. Bob Bullock
Laredo, TX 78045☐

Is payee a district employee

☐

Mail-out:

Section 2

Is the expense from a Campus Activity Fund?

☒ Yes☐ No

If No, proceed to Section 3

You must use an approved vendor if one exists for this expense.
Is this an approved vendor?

☒ Yes☐ No

If No, follow Purchasing guidelines below.

Procurement Guidelines

All checks issued from unapproved vendors must abide by the following procurement guidelines:

Less than \$1000 one quote must be provided

\$1000-\$9999 three quotes must be provided and choose best value

\$10000-\$24999 request for competitive quotations through Purchasing

Greater than \$25000 will require formal bids/proposals which require Board approval.

Section 3Club to be charged: Princ. Act.

Invoice #:

Purpose of expenditure: Water donation to our students/familiesWednesday, March 2, 2022120 cases x \$3.50 ea = \$420

By signing this statement, I authorize the District to payroll deduct any unsubstantiated amounts.

Unsubstantiated amounts include, but are not limited to, those for which a receipt has not been provided. Receipts must be provided within five (5) working days from the date a check is issued.

Amabilia Gonzalez

Sponsor Printed Name

[Signature]

Club Sponsor Signature

Club Treasurer/Officer Signature
(Student Activity Funds Only)

Balance in account before this check:

\$4,777.32

APPROVED:

☒ Yes☐ No[Signature]

Principal/Administrator Signature

2/28/2022

Date

FOR OFFICE USE ONLY

3/1/22

Date

2/28/2022

Date

CHECK NO:

#5774

Signature of Person Picking Up Check

[Signature]

Bookkeeper Signature

Difference recorded on Receipt/Check #

Amount

Date

U.I.S.D. FORM 926-017

Revised 8/12



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022

Exhibit A

Requesting Campus: ALICA RUIZ ELEMENTARY

Campus Principal: Monica Y. Zepeda

Originator's Email: monzep@uisd.net

Board Member: Ramiro Veliz

Board Member: _____

Board Member: _____

Description of Request: The money I am requesting is for incentives to promote attendance at A. Ruiz Elementary.

Students will get (McDonald's or Pizza) if they obtain perfect attendance including chips and a juice.

Estimated Cost of Request: \$2,000

Principal or Director Signature: Monica Zepeda

Date: 10-4-2021

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____

No _____

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes _____

No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes _____

No _____

Signature: Ramiro Veliz, III

by: Graciela Rodriguez

Date: 03/31/2022

BOARD MEMBER APPROVAL: Yes _____

No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes _____

No _____

Signature: _____

Date: _____

BOARD APPROVAL DATE: _____

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

Revised: September 17, 2019



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022

Requesting Campus: Salinas Elementary

Campus Principal: Abraham Rodriguez III

Board Member: Ricardo Rodriguez

Board Member: _____

Description of Request: Requesting \$1,000.00 for accelerated reader student incentives.

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: *Abraham Rodriguez III*

Date: 3-2-22

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: *Ricardo Rodriguez by: Priscilla Rodriguez*

Date: 03/31/2022

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD APPROVAL DATE: _____

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

Quote for SALINAS ELEM SCH

Printout page 1 of 1



To: Follett Content Solutions
 1340 Ridgeview Drive
 McHenry, IL 60050
 Attn: Order Department
 Phone: 888.511.5114
 or 708.884.5000
 or 815.759.9831
 Email: fsorders@follett.com

List Notes

Quote ID: 10900625
 Created By: Teresa Garza
mtgarza@uisd.net
 Customer Number: 4208004
 List Number: 129518680
 List Name: Read Across America
 Date: 03/30/2022
 Time: 07:49:26

Do Not Exceed \$1,000.00

Total Books (Qty.)	2 (47)	\$699.18
Grand total		\$699.18

Free shipping and handling on books and audiovisual materials within the United States and its territories. Shipping and brokerage are free to Canada.

Prices guaranteed through 05/27/2022

The pricing in this quote is based on information provided by you, our Customer, and is guaranteed through 05/27/2022. Any variations to the quote, including but not limited to, title selection, processing, shipping/handling fees, and any additional products or services, shall result in additional costs.

Prices do not include cataloging or processing

Books									
FLR#	Title	Author	Yr	Bnd	ATOS	IL	Qty	Price	Ext
0931LV8	Auggie & me : three wonde	Palacio, R	15	HRD	4.3	3-6	25	15.78	392.50
1624MH7	The deep end	Kinney, Je	20	HRD	5.4	5-8	22	13.94	306.68

2 titles (qty 47) Total Guaranteed Title Price \$699.18

Total Books (Qty.)	2 (47)	\$699.18
Grand total		\$699.18

Free shipping and handling on books and audiovisual materials within the United States and its territories. Shipping and brokerage are free to Canada.

Prices guaranteed through 05/27/2022

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Prices do not include cataloging or processing

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2. Over order 10% by listing additional titles on your list, and
3. Indicate any top priority titles by checking the "First Choice" box next to the titles.

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 Let us know how we're doing.



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Quote# W 2089039

Pg. of

VENDOR NAME AND ADDRESS

Demco
P.O. Box 7488
Madison, WI 53707

800-356-1200

Phone

800-246-1329

Campus

O. SALINAS ELEM.

Date

Fund/YR	Func	Org	Prog Code	Local Option	Proj Num	Qty	Sub Code	Amount

Budget Code

Account Code

Approval Code: Discount:

Qty	Item#	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
45	W12228690	Cat in the Hat Recyclable tote bag 13"l x 12"W x 8"D	3.99		179.55
41	W13731680	Colored Pencils In Tube w/ Sharpener 12 pieces	1.89		77.52
9	W16309290	BIC Brite Liner Fluorescent Markers 5 Assorted Colors	3.64		32.80
1	W12759520	Book A Trip Bookmark Set 2"l x 6" W 6 Designs	9.50		9.50
		Contract Used			
		Pay Board C81100			310.64
		Discount			-11.27

Disposition: Check Mail PickUp Fax

Page Total

299.37

Grand Total

Remarks

M. J. Garza
Originator (PRINT)
Administrator Signature3/29/2022
Date
3-29-22
Date

Budget Coordinator

Date

Other

Date







My Account > My Quotes > Quote #W2089039

Quote Details

March 30, 2022

Quote #	Status	Expiration Date
W208903900	Open	April 29, 2022

Products in Quote

	Cat In The Hat Recyclable Tote Bag 13"H x 12"W x 8"D Product # W12228690	Unit Price \$3.99	Quantity 45	Extended Price \$179.55
	Colored Pencils In Tube With Sharpener 12 Pieces Product # W13731680	Unit Price \$1.89	Quantity 41	Extended Price \$77.52
	BIC Brite Liner Fluorescent Markers 5 Assorted Colors Product # W16309290	Unit Price \$3.64	Quantity 9	Extended Price \$32.80
	Book A Trip Bookmark Set 2"H x 6"W 6 Designs 200/Pkg Product # W12759520	Unit Price \$9.50	Quantity 1	Extended Price \$9.50

Quote Summary

Merchandise Total at List	\$310.64	CONTRACT USED	Ship To
Contract Savings	-\$11.27	C81100	Teri Garza
Shipping	\$0.00		Salinas Elem Sch
Tax	\$0.00		3611 Alfredo Cantu Dr,
			Laredo, TX 78046
Total	\$299.37		Bill To
			O Salinas Elementary
			3611 Alfredo Cantu Dr
			Laredo, TX 78046



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022

Exhibit A

Requesting Campus: Salvador Garcia Middle School

Campus Principal: Alfredo Palapa

Originator's Email: apalapa@uisd.net

Board Member: Ricardo Molina

Board Member: _____

Board Member: _____

Description of Request: 200 shirts for Ricardo Molina MS

Estimated Cost of Request: \$1,400.00

Principal or Director Signature: Alfredo R Date: 3/28/22

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Ricardo Molina, Jr. by Briselda Rodriguez Date: 03/29/2022

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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

Revised: September 17, 2019



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

EmbroiderMe

2002 Chihuahua

Laredo Tx. 78043

Phone 956-763-2418

Campus SGMS

Date March 28, 2022

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

Budget Code

Account Code

Approval Code:

Qty	Item#	Description	Unit Price Per	Extension Unit Total
200		200 HUNTER GREEN 50/50 T-SHIRTS THREE COLOR FRONT LOGO 7.00 X 200= 1400.00	\$7.00	\$1,400.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$0.00	\$0.00
			\$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 ☐

Remarks

Page Total \$1,400.00

Grand Total \$1,400.00

A. PALAPA

Originator (PRINT)

3/28/22

Date

Budget Coordinator

Administrator Signature

Date

Other

QUOTE



EmbroiderMe
2002 Chihuahua
Laredo, Tx 78043
956-763-2418

BILL TO

Molina Middle School
Mr. Palapa

QUOTE

122

QUOTE DATE

03/28/2022

DESCRIPTION

AMOUNT

200 Hunter green 50/50 t-shirts
Three color front logo
7.00 x 200 = 1400.00

1,400.00

TOTAL

\$1,400.00

Thank you

TERMS & CONDITIONS

Thank you for your inquiry.



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022**

Exhibit A

Requesting Campus: Health Services Department

Campus Principal: Irene Rosales, MSN, RN, Director

Originator's Email: irosales@uisd.net

Board Member: Francisco "Frank" Castillo

Board Member: _____

Board Member: _____

Description of Request: To purchase medical supplies for the Nursing Staff for National School Nurse

Celebration and retirement plaques

Estimated Cost of Request: \$6,000.00

Principal or Director Signature: Irene Rosales MSN RN **Date:** 3/24/2022

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Francisco Castillo by Priscilla Rodriguez **Date:** 04/05/2022

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

BOARD APPROVAL DATE: _____

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Revised: September 17, 2019



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

Amazon.com

410 Terry Ave. North

Seattle Washington 98109

Phone 1-888-280-3321

Campus Health Services Dept. Rm #
Date April 5, 2022

Fund/YR	Func	Org	Prog Code	Local Option	Proj Num	Obj	Sub Object	Amount
								*721.50
								*12342

Budget Code

Account Code

Approval Code: R-TC-17006 Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
2		Personalized Crystal Nurse Retirement Gift Plaque Customized	\$189.99	\$189.99	\$379.98
		Dora Camacho, RN Monica Gonzalez RN,BSN		\$0.00	\$0.00
3		Personalized Parent or Friend Congratulations Nursing Graduation Retirement Gift Poetry School Graduation	\$114.99	\$114.99	\$344.97
		Picture Frame Unique Present Wall Poem Nurse Registered RN, BSN, Plaque		\$0.00	\$0.00
		Margarita Gonzalez,RN 19-20 Nurse of the Year		\$0.00	\$0.00
		Alma Flores, RN 20-21 Nurse of the Year		\$0.00	\$0.00
		Dellilah Renteria, RN 21-22 Nurse of the Year		\$0.00	\$0.00
3		Employee of the Year Award 8x10 Personalized Plaque	\$39.99	\$39.99	\$119.97
		Monica Medellin, HT 19-20 Nurse Assistant of the Year		\$0.00	\$0.00
		Wendy Gonzalez, HT 20-21 Nurse Assistant of the Year		\$0.00	\$0.00
		Gladys Hanks, HT 21-22 Nurse Assistant of the Year		\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check _____ Mail _____ PickUp _____ Fax _____ Page Total \$844.92
Remarks _____ Grand Total \$844.92

Elva Ramos 4/5/22
Originator (PRINT) _____ Date 4/5/22
Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
Other _____ Date _____

Your cart contains items restricted by your organization.

One or more items in your cart may not comply with the purchasing standards of your organization.



Don't forget to checkout with Pay by Invoice - with no interest or fees.

Shopping Cart

Subtotal (8 items): **\$844.92**

[Proceed to checkout](#)



Personalized Crystal Nurse Retirement Gift Plaque, Customized

\$189.99

In Stock

Shipped from [Crystal Central](#)

Restricted by your organization

Customizations:

Retired Nurse Name & Degree Acronyms : **Dora Camacho, RN**

and 2 more

Gift options not available [Learn more](#)

Qty: 1

[Delete](#)

[Save for later](#)



Personalized Crystal Nurse Retirement Gift Plaque, Customized

\$189.99

In Stock

Shipped from [Crystal Central](#)

Restricted by your organization

Customizations:

Retired Nurse Name & Degree Acronyms : **Monica Gonzalez RN,BSN**

and 2 more

Gift options not available [Learn more](#)

Qty: 1

[Delete](#)

[Save for later](#)

Margarita Gonzalez, RN

Nurse of the Year 2019-2020

Registered Nurse

We

UTSD Health Services Department

Personalized Parent or Friend Congratulation Nursing Graduation

\$114.99

In Stock

Shipped from [Achievement Gifts](#)

Restricted by your organization

Customizations:

What Is the Name of Recipient? : **Margarita Gonzalez, RN**

and 4 more

Gift options not available [Learn more](#)

Qty: 1

[Delete](#)

[Save for later](#)

\$114.99

Buy it again



OdoBan 32 OZ Ready-to-Use Disinfectant Spray

\$20.50

Purchased Jul 2020

[Add to Cart](#)



Tourniquets, 4 Pack

\$36.99

[Add to Cart](#)



North American Medical Supply Co. First Aid Kit

\$36.00

[Add to Cart](#)



[100 Sets - 1 oz.]

\$8.99

[Add to Cart](#)

Delilah Renteria, RN

Nurse of the Year 2021-2022

Registered Nurse

We

UISD Health Services Department

Personalized Parent or Friend
Congratulation Nursing Graduation

In Stock

Shipped from [Achievement Gifts](#)

Restricted by your organization

Customizations:

What is the Name of Recipient? **Delilah Renteria, RN**
and 4 more

Gift options not available [Learn more](#)

Qty: 1

[Delete](#)

[Save for later](#)

Alma Flores, RN

Nurse of the Year 2020-2021

Registered Nurse

We

UISD Health Services Department

Personalized Parent or Friend
Congratulation Nursing Graduation

In Stock

Shipped from [Achievement Gifts](#)

Restricted by your organization

Customizations:

What is the Name of Recipient? **Alma Flores, RN**
and 4 more

Gift options not available [Learn more](#)

Qty: 1

[Delete](#)

[Save for later](#)

\$114.99



Employee of The Year Award 8x10 -
Personalized Plaque, Customize Now!

In Stock

Shipped from [Awards4U](#)

Restricted by your organization

Customizations:

Name **Gladys Hanks, HT**
and 2 more

Gift options not available [Learn more](#)

Qty: 1

[Delete](#)

[Save for later](#)

\$39.99



Employee of The Year Award 8x10 -
Personalized Plaque, Customize Now!

In Stock

Shipped from [Awards4U](#)

Restricted by your organization

Customizations:

Name **Monica Medellin, HT**
and 2 more

Gift options not available [Learn more](#)

Qty: 1

[Delete](#)

[Save for later](#)

\$39.99



Employee of The Year Award 8x10 -
Personalized Plaque, Customize Now!

In Stock

Shipped from [Awards4U](#)

Restricted by your organization

Customizations:

Name **Wendy Gonzalez, HT**
and 2 more

Gift options not available [Learn more](#)

Qty: 1

[Delete](#)

[Save for later](#)

\$39.99

Subtotal (8 items): \$844.92



UNITED INDEPENDENT SCHOOL DISTRICT

PURCHASE REQUISITION

Pg. 1 of 1

VENDOR NAME AND ADDRESS

School Nurse Supply

P.O. Box 68968

Schaumburg, IL 60168

Phone 1-800-483-2737 Fax 1-800-483-2738

Campus Health Services Dept Rm. #
Date March 23, 2022

Fund/YR	Func	Org	Prog Code	Local Option	Proj Num	Obj	Sub Object	Amount
1992	33	881	99	0				

Budget Code

Account Code

Approval Code: RFP-2016-024 Discount: _____

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
		QUOTE# 0885619			
65	43221	Barrington Diagnostics Mini Oscope Royal Blue(for all RN's, LVN's and Health Services Director)	\$51.75	\$51.75	\$3,363.75
37	45801	Barrington Diagnostics Mini Oscope Pink (for all Health Nurse Assistant)	\$51.75	\$51.75	\$1,914.75
		For the National School Nurse Celebration			

Disposition: Check _____ Mail _____ PickUp _____ Fax _____ Page Total \$5,278.50
Remarks _____ Grand Total \$5,278.50

Elva Ramos 3/23/22
Originator (PRINT) _____ Date _____
Administrator Signature _____ Date _____

Budget Coordinator _____ Date _____
Other _____ Date _____

School Nurse Supply, Inc.



School Nurse Supply, Inc
PO Box 68968
Schaumburg, IL 60168

P 800.485.2737
F 800.485.2738
schoolnursesupplyinc.com

Price Quote

Quote No. 0885619
Quote Date 3/23/2022

Customer No. TXLAUN

UNITED INDEP SCHOOL DISTRICT
ATTN: ACCOUNTS PAYABLE
201 LINDENWOOD RD
LAREDO, TX 78045

Ship to: **PRICE QUOTE**
TX

Item #	Item	Ordered	Price	Unit	Total
43221	BARRINGTON DIAGNOSTICS MINI-OTOSCOPE ROYAL BLUE (MFG# 60-840-250)	65	51.7500	EACH	3,363.75
45801	BARRINGTON DIAGNOSTICS MINI-OTOSCOPE PINK (MFG# 60-840-210)	37	51.7500	EACH	1,914.75
399	SCHOOL NURSE SUPPLY HIGHLIGHTER, NOTEPAD WITH PEN, SCHOOL NURSE TOTE **Free with any \$399.00 or more purchase!**	1	0.0000	EACH	0.00
BID	BID #010-2019 - DISCOUNT AND FREE SHIPPING APPLIED	1	0.0000	EACH	0.00

This is not an order.

PRICE QUOTE ONLY

Net Order	5,278.50
Less Discount	0.00
Freight	0.00
Sales Tax	0.00

ORDER TOTAL \$5,278.50



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022

Exhibit A

Requesting Campus: Board Member District 6

Campus Principal: Joe Aranda

Originators Email: grirodriguez@uisd.net

Board Member: Juan Roberto Ramirez

Board Member: _____

Board Member: _____

Description of Request: To Purchase Bus Ads for School District Information, to be placed on Buses

Estimated Cost of Request: \$2,000.00

Principal or Director Signature: Joe Aranda Date: 04/07/2022

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

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

BOARD MEMBER APPROVAL: Yes ☒ No _____
Signature: Juan Roberto Ramirez Date: 04/08/2022

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

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

BOARD APPROVAL DATE: _____

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

Revised: September 17, 2019



**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022**

Exhibit A

Requesting Campus: Health Services Department / Deputy Superintendent

Campus Principal: Irene Rosales / Gloria S. Rendon

Originator's Email: irosales@uisd.net / grendon@uisd.net

Board Member: Javier Montemayor

Board Member: Aliza F. Oliveros

Board Member: _____

Description of Request: To help with expense to purchase jackets for Nurses and Health Techs

Estimated Cost of Request: \$1,000.00 (\$500.00 ea.)

Principal or Director Signature

[Signature]

Date:

4/11/2022

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Javier Montemayor

Date: 04/11/2022

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Aliza F. Oliveros

Date: 04/11/2022

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____

Date: _____

BOARD APPROVAL DATE: _____

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



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022

Exhibit A

Requesting Campus: Board Member District 1

Campus Principal: Joe Aranda

Originators Email: grirodriguez@uisd.net

Board Member: Ricardo Molina

Board Member: _____

Board Member: _____

Description of Request: To Purchase Bus Ads for School District Information, to be placed on Buses

Estimated Cost of Request: \$1,500.00

Principal or Director Signature: Joe Aranda Date: 04/14/2022

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

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

BOARD MEMBER APPROVAL: Yes ☒ No _____
Signature: Ricardo Molina by Griselda Rodriguez Date: 04/14/2022

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

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

BOARD APPROVAL DATE: _____

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

Revised: September 17, 2019



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2021-2022

Exhibit A

Requesting Campus: United South High School

Campus Principal: Adriana Ramirez

Originators Email: grirodriguez@uisd.net

Board Member: Juan Roberto Ramirez

Board Member: Ricardo Rodriguez

Board Member: Ricardo Molina, Sr.

Description of Request: Charter Bus(s) expense for United South Softball team to travel to Austin, Texas

Estimated Cost of Request: \$5,000.00 (Ramirez-\$3,500 / Rodriguez-\$750 / Molina-\$750)

Principal or Director Signature: Adriana Ramirez **Date:** 04/14/2022

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ **Date:** _____

BOARD APPROVAL DATE: _____

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

Revised: September 17, 2019