

### United Independent School District AGENDA ACTION ITEM

TOPIC	Appro	val of Request	s from Boar	d Members i	in re: \	Use of Boar	rd of Trustees	Discretiona	ry
Funds for Var	rious Pr	ojects/Campus	es						
SUBMITTE	D BY:	Judd Gilpin		OF:	a l	Board Pres	ident		
		TRANSMITT.							
RECOMME	NDATI	ON:							
It is recommended that the United ISD Board of Trustees approve Requests from Board Members in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses.									
RATIONAL	E:								
BUDGETAR	RY INFO	ORMATION:							
							ï		
									WA1
BOARD POI	LICY R	REFERENCE	AND COM	PLIANCE:					



Requesting Campus: Health Services Depa	rtment		
Campus Principal: <u>Irene Rosales MSN, RN</u>	<u> </u>		
Board Member: Pat Campos, Judd Gilpin,	Juan Roberto J	Ramirez,	
Board Member: Ricardo Molina Sr., Javie	r Montemayor,	Ramiro Veliz III	
Description of Request: I am requesting devidence-based in-service which provides kaprogram is from the National Association (Helping Administer to the Needs of the Sakills and empower the school nurses with	sey diabetic man n for School No tudent with Dia h evidence base	nagement strategies. urses and it is callabetes in School) to e information. It w	This diabetic ed H.A.N.D.S. enhance their ill provide the
nurses with 6.5 continuing nursing educati	on contact hour	rs and will be sched	uled for April
<u>29, 2013.</u>	Judd Gilpin	– \$1,500 temayor – \$1,500	Juan Roberto Ramirez - \$1,000 Pat Campos – \$2,000
Estimated Cost of Request \$8,000.00		iz, III - \$1,000	Ricardo Molina - \$1,000
Principal or Director Signature:	Cosh MSV P	Date 2/11/15	
Associate Superintendent Approval: Yes_	No		
Associate Superintendent Signature:		Date	
Superintendent Approval:	Yes	No	
Superintendent Signature:		Date	
Board Member Approval:	Yes	No	
Board Member Signature:		Date	
Board Member Approval:	Yes	No	
Board Member Signature:		Date	
Board Approval: Yes No	Date	Approved:	



Requesting Campus: SAC				
Campus Principal: Bobb	, Cruz			
Board Member: JAVIE	_			
Board Member:				
Description of Request:				
Wireless Microphone	2.5			
	<del> </del>			
Estimated Cost of Request \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	700	<i>r</i> /		
Principal or Director Signature:	dec )	Date 2 28 3		
Associate Superintendent Approval: Yes No				
Associate Superintendent Signature:	,_ ,_ ,	Date		
Superintendent Approval:	Yes	No		
Superintendent Signature:		Date		
Board Member Approval:	Yes	No		
Board Member Signature:		Date		
Board Member Approval:	Yes	No		
Board Member Signature:	·-····································	Date		
	•	Dec Asset 1		
Board Approval: Yes N	lo	Date Approved:		
Diago water the completed form to the	e Superintene	dent's Office for final processing.		



Campus Principal:	1	- High School Barrers		
Board Member:				
Description of Request:	Trip	AHS		
Churliaders)	(San	n antonio)		
Estimated Cost of Request	500			
Principal or Director Signature:		Date 2013		
Associate Superintendent Approval: Yes No				
Associate Superintendent Signature:		Date		
Superintendent Approval:	Yes	No		
Superintendent Signature:		Date		
Board Member Approval:	Yes	No		
Board Member Signature:		Date		
<b>Board Member Approval:</b>	Yes	No		
Board Member Signature:		Date		
Board Approval: Yes No	Date	Approved:		



# United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2012-2013

Requesting Campus: Jan B. Me	xander	High School		
Campus Principal: Dolores W. Barrera				
Board Member: M5, Pat	Campi	S		
Board Member:				
Description of Request: Edment				
Computer Reading	g Pri	ogra M		
	=			
Estimated Cost of Request 463375		2 0		
Principal or Director Signature	100	Date		
Associate Superintendent Approval: Yes No				
Associate Superintendent Signature:		Date		
Superintendent Approval:	Yes	No		
Superintendent Signature:		Date		
Board Member Approval:	Yes	No		
Board Member Signature:		Date		
Board Member Approval:	Yes	No		
Board Member Signature:		Date		
Board Approval: Yes No	Date	Approved:		

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



Requesting Campus: <u>Student Relations/Discipline Management</u>						
Campus Principal: <u>Annette Perez</u>						
Board Member:	Board Member: <u>Pat Campos</u>					
Board Member:						
Description of Reques	st:					
<b>Donation to Purchase</b>	incentives for 10 <sup>th</sup> Ann	ual Anti-Gang	Poster Contest Winners			
Estimated Cost of Request 1,000.00						
Principal or Director Signature: Date 2 25/13						
Associate Superintendent Approval: Yes No						
Associate Superintend	lent Signature:		Date			
Superintendent Appro	oval:	Yes	No			
Superintendent Signature:			Date			
Board Member Appro	oval:	Yes	No			
Board Member Signa	у.	Date				
Board Member Approval: Yes			No			
Board Member Signature: Date			Date			
Board Approval:			approved:			
Please return the com	pleted form to the Sup	erintendent's C	Office for final processing.			