



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC: Approval of Request(s) from Board Member(s) in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses

SUBMITTED BY: Juan Roberto Ramirez **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: _____

DATE ASSIGNED FOR BOARD CONSIDERATION: April 18, 2018

RECOMMENDATION:

It is recommended that the United ISD Board of Trustees approve Request(s) from Board Member(s) in re: Use of Board of Trustees Discretionary Funds for Various Projects/Campuses

RATIONALE:

BUDGETARY INFORMATION:

Budget Amendment as needed

POLICY REFERENCE & COMPLIANCE:



Exhibit A

**United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2017-2018**

Requesting Campus: LYNDON B. JOHNSON HIGH SCHOOL

Campus Principal: MR. ARMANDON SALAZAR

Board Member: RAMIRO VELIZ III

Board Member: _____

Board Member: _____

Description of Request: MONEY NEEDED TO COVER THE COST OF STUDENTS WHO ARE RETESTING THE TSI EXAM FOR EARLY COLLEGE.

Estimated Cost of Request: \$1000.00

Principal or Director Signature: *Armandon Salazar* Date: 4/3/17

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: Ramiro Veliz III by A. Salazar Date: 4/5/18

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 2017-2018

Requesting Campus: John W. Arndt

Campus Principal: Juanita Zepeda

Board Member: Rick Rodriguez

Board Member:

Description of Request: Inflatables for Incentives to

Perfect Attendance ~~se~~ Fun Fest set for April 24, 2018

Estimated Cost of Request: \$ 1000.00

Principal or Director Signature: [Signature] Date: 2/26/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes ___ No ___

Signature: ___ Date: ___

SUPERINTENDENT APPROVAL: Yes ___ No ___

Signature: ___ Date: ___

BOARD MEMBER APPROVAL: Yes [checked] No ___

Signature: [Signature] Date: 2/26/18

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 2017-2018

Requesting Campus: USHS
Campus Principal: Adriana Ramirez
Board Member: Ricardo Rick Rodriguez \$1500
Board Member: Ramiro Veliz \$1500
Board Member: _____
Description of Request: USHS Girls Softball

Estimated Cost of Request: \$3,000
Principal or Director Signature: Adriana Ramirez Date: 3/8/18

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: Ricardo Rodriguez by A. Salinas Date: 4/5/18

BOARD MEMBER APPROVAL: Yes No _____
Signature: Ramiro Veliz III by A. Salinas Date: 4/5/18

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 2017-2018

Requesting Campus: J.B.J. MULLER ELEMENTARY

Campus Principal: Mayra N. Ramirez

Board Member: Roberto Ramirez

Board Member: _____

Board Member: _____

Description of Request: Homework planners for students to keep them organized and have communication/ documentation with parents thru the planners since students and parents sign the planner on a daily basis.

Estimated Cost of Request: \$2,812.50

Principal or Director Signature: Mayra Ramirez Date: 3/22/18

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

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

BOARD MEMBER APPROVAL: Yes No _____
Signature: Juan R. Ramirez by A. Salinas Date: 4/5/18

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

Page to

Vendor Name and Address

V# 12651

School Mate

D.O. Box 2110

Keavney, NE 68848

Phone No: 1-800-516-8339

Campus: Muller Elem Rm NO: Office

Date: _____

FUND/YR FUND.	ORG.	PROGRAM LOCAL PROJECT CODE	OPTION NUMBER	OBJECT	OBJECT AMOUNT	SUB

BUDGET CODE

ACCOUNT CODE

QTY	ITEM #	DESCRIPTION	UNITED PRICE WITH DISCOUNT	EXTENSION
		2018-2019 Student Planners		
750	PRB-	P797 student Planners Kinder + 1st Grade	2.80	700.00
675	ELB-	P801 student Planners 2nd - 5th Grade	2.65	1,788.75
		Shipping		323.75

DISPOSITION: Pick-up Mail Check FAX # 1-800-570-1767

PAGE TOTAL _____

REMARK: 2018-2019 student planners

GRAND TOTAL: \$2,812.50

M. Ramirez 3/22/18
 ORIGINATOR (PRINT) DATE
[Signature] 3/22/18
 ADMINISTRATOR SIGNATURE DATE

_____ _____
 BUDGET COORDINATOR DATE
 _____ _____
 OTHER DATE

18-19 STUDENT PLANNER ORDER FORM

Order online or complete and sign this order form. Phone orders not accepted. Call 800-516-8339 with questions.
Mail order to: P.O. Box 2110, Kearney, NE 68848 or Fax: 800-570-1767 Do NOT fax press-ready material.

For Office Use Only - 1/18

Order # _____

Date Rec'd _____

School Name J.B. Muller Elementary
 District Name Unit 1 SD
 Contact Name Angek Solis Title Secretary
 School Mailing Address 4430 Muller Memorial Blvd.
 City, State, Zip Laredo, TX 78045
 Ship Address (if different, no PO Boxes) _____
 Ship City, State, Zip _____
 School Ph (956) 473-3900 Fax (956) 473-3999
 Home Ph (956) 726-0595 Cell (956) 337-0199
 E-mail (required) asolis@uisd.net

Proof Contact (Provide ALL contact info)
 Name _____ Fax (____) _____
 Home Ph (____) _____ Cell (____) _____
 Home E-mail (required) _____
 Work E-mail (required) _____

Bill Attention to:
 PO# (opt.) _____ Invoice Us
 Pay by Credit Card: To pay by credit card, go to www.schoolmate.com and click on "Pay Online."
 Early Invoice by ____/____/____ **Signature Required Below**

A CHOOSE PLANNER - Check only 1 product code below. Submit extra order form(s) for additional product(s).										B QUANTITY		
PLANNER TYPE	Kindergarten	Primary	Elementary	Middle School	High School	Undated Agenda	Dated Agenda	Classic	Scholar	# Student Planners	# Teacher Editions (TE) + NA for Undated Agendas (UDA)	# Total Planners (TP) =
Non-Custom Planners	<input type="checkbox"/> KGA	<input type="checkbox"/> PRA	<input type="checkbox"/> ELA	<input type="checkbox"/> MSA	<input type="checkbox"/> HSA	<input type="checkbox"/> UDA	<input type="checkbox"/> AGA	<input type="checkbox"/> CLA	<input type="checkbox"/> SRA	250	-	250
Custom Planners	<input type="checkbox"/> KGB	<input checked="" type="checkbox"/> PRB	<input type="checkbox"/> ELB	<input type="checkbox"/> MSB	<input type="checkbox"/> HSB	NA	<input type="checkbox"/> AGB	<input type="checkbox"/> CLB	<input type="checkbox"/> SRB			
Custom with Handbooks	<input type="checkbox"/> KGC	<input type="checkbox"/> PRC	<input type="checkbox"/> ELC	<input type="checkbox"/> MSC	<input type="checkbox"/> HSC	NA	<input type="checkbox"/> AGC	<input type="checkbox"/> CLC	<input type="checkbox"/> SRC			

C NON-CUSTOM PLANNERS - See Price Chart C p. 30.
 \$ _____ x Total Planners (TP) (25 min. order, 60 min. for UDA) = \$ _____
 KGA PRA ELA MSA HSA UDA AGA CLA SRA
 Continue on to sections H and I.

D CUSTOM PLANNERS (With or without Handbooks) - See Price Chart D p. 30.
 \$ 2.80 x Total Planners (TP) (60 min. order) = \$ 700.00
 KGB KGC PRB PRC ELB ELC MSB MSC HSB HSC AGC CLB CLC SRB SRC
 Continue on to sections E, F, G, H, and I.

E COVERS - For Custom Planners only. Select a cover design and complete the Cover Wording (also indicate if years are to be printed) and Mascot below.

- Poly-Pro™ Cover (p. 20-21) with school name/mascot in black ink: Design # p997 FREE
- Full-Color Agenda Cover (p. 21) - For AGB and AGC only with school name/mascot in black ink: # FC- FREE
- Religious Cover (p. 21) with school name/mascot in black ink: #R- FREE
- One-Color Cover (p. 22) - Indicate 1 standard ink: FREE
 #C _____ Repeat last year's; change year Our own design uploaded (p. 27)
- Multi-Color or Photo Cover (p. 22) - Indicate 2 standard inks: TP x 25¢ = \$ _____
 #T _____ Repeat last year's; change year Our own design uploaded (p. 27)
 Photo Cover # F _____ Own photo OR Photo mascot # _____ Repeat last year's design; change year
 Cover Wording: J. B. J. Muller Elementary print 2018-2019
 Mascot: Online mascot # fal 8 Own mascot Repeat last year's mascot
- Custom Back Cover (Optional - see p. 23) Our own design uploaded (p. 27) OR Repeat last year's design TP x 25¢ = \$ _____
 (\$40 minimum)

F OPTIONS & TEACHER AIDS - For Custom Planners only. All options ordered will be included in both Student Planners & Teacher Editions.

Only options available for AGB & AGC are 4, 5, and 6. Only option available for CLB, CLC, SRB & SRC is 6.

- Hall Pass Sheet ... TP x 12¢ = _____
- Year-Rnd. Suppl. TP x 25¢ = _____ → bind in: front of planner back of planner
- Char. Ed. Suppl. ... TP x 25¢ = _____
- Vinyl Pouch TP x 25¢ = _____
- Planning Stickers ... TP x 20¢ = _____ = \$ _____
- Inserts (p. 25) IN1 IN2 IN3 IN4 # Total Inserts _____ x 25¢ x TP = \$ _____

Options for Teacher Editions (TE) only - will be placed in all TEs ordered.
 Grade Records TE x 85¢ = _____ Lesson Plans (NA for HSB, HSC, SRB, or SRC) TE x 85¢ = _____ = \$ _____

G ADD HANDBOOK PAGES (p. 26) - For Custom Planners only.

Note: 1 page is 1 side of a sheet of paper. # Total Custom Pages _____ x 4¢/page (3¢ for HSC, SRC & AGC) x TP = \$ _____
 Repeat last year's pages Press-ready pages enclosed PDF uploaded Typesetting needed: # pages _____ x \$25/page = \$ _____

H EXTRAS - Available for ALL planners & agendas (Custom and Non-Custom).

- Page Marker Rulers (p. 24) - Must order for all, no partials TP x 20¢ = \$ _____
- Wall Charts (p. 28) - Case contains 5 wall charts (same level; must order by full case) #cases _____ x \$25 = \$ _____

Order will not be processed without a signature.
 Sign Here [Signature] Date 3/22/18
 By signing, you agreed to School Mate's Terms & Conditions on p. 29.

I SHIPPING & ORDER TOTALS

Subtotal = \$ 700.00
 RUSH Production - 4 weeks (Custom Planners only) - add 15% (\$75 min.) = \$ _____
 Shipping - (AK, HI, APD, FPO call for pricing) 48 states 35¢/planner = \$ 87.50
 Pretax Total = \$ _____
 State Tax (NE and FL only, if applicable) = \$ _____
 Delay Ship (opt.): Apr 20 June 1 June 29 July 6 July 13 July 20 July 27 Aug 3 Aug 10 Aug 17 Aug 24
TOTAL 787.50

Special Instructions: NE & FL orders only: To avoid paying sales tax, Nebraska orders must Attach if you have any. submit Form 13, and Florida orders must submit Form DR-13 or DR-14.

18-19 STUDENT PLANNER ORDER FORM

Order online or complete and sign this order form. Phone orders not accepted. Call 800-516-8339 with questions.
Mail order to: P.O. Box 2110, Kearney, NE 68848 or Fax: 800-570-1767 Do NOT fax press-ready material.

For Office Use Only - 1/18

Order # _____
Date Rec'd _____

School Name JBJ Muller Elementary
District Name United ISD
Contact Name Angela Solis Title Secretary
School Mailing Address 4430 Muller Memorial Blvd.
City, State, Zip Laredo, TX 78045
Ship Address (if different, no PO Boxes) _____
Ship City, State, Zip _____
School Ph (956) 473-3900 Fax (956) 473-3999
Home Ph (956) 726-0595 Cell (956) 337-0199
E-mail (required) asolis@uisd.net

Proof Contact (Provide ALL contact info)

Name _____ Fax (____) _____
Home Ph (____) _____ Cell (____) _____
Home E-mail (required) _____
Work E-mail (required) _____

Bill Attention to:

PO# (opt.) _____ Invoice Us
 Pay by Credit Card: To pay by credit card, go to www.schoolmate.com and click on "Pay Online."
Early Invoice by ____/____/____ **Signature Required Below**

A CHOOSE PLANNER - Check only 1 product code below. Submit extra order form(s) for additional product(s).										B QUANTITY		
PLANNER TYPE	Kindergarten	Primary	Elementary	Middle School	High School	Undated Agenda	Dated Agenda	Classic	Scholar	# Student Planners	# Teacher Editions (TE) + NA for Undated Agendas (UDA)	# Total Planners (TP) =
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Custom Planners	<input type="checkbox"/> KGB	<input type="checkbox"/> PRB	<input checked="" type="checkbox"/> ELB	<input type="checkbox"/> MSB	<input type="checkbox"/> HSB	NA	<input type="checkbox"/> AGB	<input type="checkbox"/> CLB	<input type="checkbox"/> SRB			675
Custom with Handbooks	<input type="checkbox"/> KGC	<input type="checkbox"/> PRC	<input type="checkbox"/> ELD	<input type="checkbox"/> MSC	<input type="checkbox"/> HSC	NA	<input type="checkbox"/> AGC	<input type="checkbox"/> CLC	<input type="checkbox"/> SRC			

C NON-CUSTOM PLANNERS - See Price Chart C p. 30.
\$ _____ x Total Planners (TP) (25 min. order, 60 min. for UDA) = \$ _____
KGA PRA ELA MSA HSA UDA AGA CLA SRA
Continue on to sections H and I.

D CUSTOM PLANNERS (With or without Handbooks) - See Price Chart D p. 30.
\$ 2.65 x Total Planners (TP) (60 min order) = \$ 1,788.75
KGB KGC PRB PRC ELD ELS ELC MSB MSC HSB HSC AGB AGC CLB CLC SRB SRC
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- Religious Cover (p.21) with school name/mascot in black ink: #R-_____ FREE
- One-Color Cover (p.22) - Indicate 1 standard ink: _____ FREE
 #C _____ Repeat last year's; change year Our own design uploaded (p. 27)
- Multi-Color or Photo Cover (p.22) - Indicate 2 standard inks: _____ TP x 25¢ = \$ _____ (\$40 minimum)
 #T _____ Repeat last year's; change year Our own design uploaded (p. 27)
 Photo Cover # F _____ Own photo OR Photo mascot # _____ Repeat last year's design, change year

Cover Wording: J. B. J. Muller Elementary print 2018-2019
Mascot: Online mascot # Fal 8 Own mascot Repeat last year's mascot

- Custom Back Cover (Optional - see p. 23) Our own design uploaded (p. 27) OR Repeat last year's design TP x 25¢ = \$ _____ (\$40 minimum)

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Only options available for AGB & AGC are 4, 5, and 6. Only option available for CLB, CLC, SRB & SRC is 6.

- Hall Pass Sheet ... TP x 12¢ = _____
- Year-Rnd. Suppl. TP x 25¢ = _____ → bind in: front of planner back of planner
- Char. Ed. Suppl. ... TP x 25¢ = _____
- Vinyl Pouch ... TP x 25¢ = _____
- Planning Stickers ... TP x 20¢ = _____ = \$ _____
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- Wall Charts (p. 28) - Case contains 5 wall charts (same level); must order by full case) #cases _____ x \$25 = \$ _____

Order will not be processed without a signature.
Sign Here [Signature] Date 3/23/18
By signing, you agree to School Mate's Terms & Conditions on p. 29

I SHIPPING & ORDER TOTALS

Subtotal = \$ 1,788.75
 RUSH Production - 4 weeks (Custom Planners only) - add 15% (\$75 min.) = \$ _____
Shipping - (AK, HI, APD, FPO call for pricing) 48 states 35¢/planner = \$ 236.25
Pretax Total = \$ _____
State Tax (NE and FL only, if applicable) = \$ _____
Delay Ship (opt.): Apr 20 June 1 June 29 July 6 July 13 July 20 July 27 Aug 3 Aug 10 Aug 17 Aug 24

TOTAL 2,025.00

Special Instructions: NE & FL orders only: To avoid paying sales tax, Nebraska orders must Attach if you have any submit Form 13, and Florida orders must submit Form DR-13 or DR-14.



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2017-2018

Requesting Campus: J.B.J. MULLER ELEMENTARY

Campus Principal: Mayra N. Ramirez

Board Member: Roberto Ramirez

Board Member:

Board Member:

Description of Request: T-shirts to be given to staff at the beginning of the school year 2018-2019.

Estimated Cost of Request: \$600.00

Principal or Director Signature: [Signature] Date: 3/22/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:

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

BOARD MEMBER APPROVAL: Yes [check] No
Signature: [Signature] Date: 4/5/12

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.



(956) 242-5176
julio.artprint@gmail.com
2813 emory loop
Laredo, Tx. 78043

Quote		
1529		
03	27	18

SOLD TO: Muller Elementary

QUANTITY	DESCRIPTION	UNIT PRICE
100	Black T shirts printed 3 colors front	\$6.00
		\$600.00



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2017-2018

Requesting Campus: FEDERAL PROGRAMS – VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Juan Roberto Ramirez

Board Member: _____

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: 800.00

Principal or Director Signature: *Nancy Newsome*

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes No

Signature: *Juan R. Ramirez by D. Salinas*

Date: 4/6/18

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 2017-2018

Requesting Campus: FEDERAL PROGRAMS – VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Ramiro Veliz

Board Member: _____

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: \$500.00

Principal or Director Signature: Nancy Newsome

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes No

Signature: Ramiro Veliz III by R. Salvia

Date: 4/6/18

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 2017-2018

Requesting Campus: FEDERAL PROGRAMS - VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Jaiver Montemayor, Jr

Board Member:

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: \$500.00

Principal or Director Signature: Nancy Newsome

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature:

Date:

SUPERINTENDENT APPROVAL: Yes No

Signature:

Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Jaiver Montemayor by A. Salinas

Date: 4/6/18

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 2017-2018

Requesting Campus: FEDERAL PROGRAMS – VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Aliza Flores-Oliveros

Board Member: _____

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: 500.00

Principal or Director Signature: *Nancy Newsome*

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes No

Signature: *Aliza F. Oliveros by A. Salazar*

Date: 4/6/18

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 2017-2018**

Requesting Campus: FEDERAL PROGRAMS – VITA Program (Volunteer Income Tax Assistance)

Campus Principal: Nancy Newsome, Migrant Coordinator

Board Member: Ricardo Rodríguez,

Board Member: _____

Description of Request: Funds will be used to provide recognition banquets for the high school students preparing Free tax returns

Estimated Cost of Request: 500.00

Principal or Director Signature: *Nancy Newsome*

Date: 4/6/2018

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

SUPERINTENDENT APPROVAL: Yes No

Signature: _____

Date: _____

BOARD MEMBER APPROVAL: Yes No

Signature: *Ricardo Rodríguez by A. Salinas*

Date: 4/6/18

BOARD MEMBER APPROVAL: Yes No

Signature: _____

Date: _____

BOARD APPROVAL DATE: _____

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