

United Independent School District AGENDA ACTION ITEM

TOPIC	Approval of Requ	ests from Board Memb	ers in re:	Use of Board of Trustee	s Discretionary
Funds for Var	ious Projects/Camp	uses			
SUBMITTE	BY: Javier Mon	temayor	OF:	Board President	
APPROVED	FOR TRANSMIT	TAL TO SCHOOL E	BOARD: _	Septemb	per 17, 2014
RECOMME	NDATION:				
It is recomme Board of Trus	nded that the United tees Discretionary F	ISD Board of Trustee unds for Various Proje	s approve l ects/Campu	Requests from Board Me uses.	embers in re: Use of
RATIONAL	E:				
BUDGETAR	Y INFORMATIO	N:			
BOARD POI	JCY REFERENC	E AND COMPLIANO	CE:		



United Independent School District Board of Trustees Discretionary Funds Request Form Fiscal Year 2014-2015

Requesting Campus: United Middle School Campus Principal: Rebecca Morales **Board Member: Javier Montemayor** Board Member: Description of Request: \$3,000.00 to purchase student incentives for PBIS student rewards and \$1,600.00 to purchase Water tank drinking station for Boys Athletics... Estimated Cost of Request: \$4,600.00 Principal or Director Signature. Associate Superintendent Approval: Yes____ Associate Superintendent Signature: Date Yes Superintendent Approval: No____ Superintendent Signature: ______ Date_____ Yes____ **Board Member Approval:** No____ Board Member Signature: Date____ **Board Member Approval:** Yes No____ Board Member Signature: Date_____ Date Approved: **Board Approval:** No Yes Please return the completed form to the Superintendent's Office for final processing.



Requesting Campus: LAMAN BRWN1-UERGARA M.S
Campus Principal: MS. CLARE PLORES
Board Member: Ricardo Rodriguez Board Member: Romino Veliz, III
Board Member: Ramino Veliz, 111
Description of Request:
PBIS: TEACHERS/STUDENTS INCENTIVES!
Ricardo Rodriguez 41,000 - / Reminoveriz 111, # 1,000 -
Estimated Cost of Request: \$2,000 - Principal Signature: Date 8/25/14
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 Approval: Yes No Date Approved:
Please return the completed form to the Superintendent's Office for final processing.



Requesting Campus: LAMAR BRUN	i - UGRGALA
Campus Principal: CLARE PLORE	8
Board Member: Ricardo Rodri	que 2
Board Member: Ramiro Vel	iz, III
Description of Request: STUBENT PER	
INCENTIVES! (\$4,00)	o-for t-shirts)
(2) CORDLESS MICIEO PHONE	- \$1,000 -
Estimated Cost of Request 55,000 -	A _
Principal or Director Signature:	Date 4 11 14
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	
Board Member Signature:	Date
Board Approval: YesNo	Date Approved:
Please return the completed form to the Superintend	lent's Office for final processing.



Board Member: <u>Pat Campos</u> Board Member:	moth classes	
	math classes	
Description of Request: <u>Calculators are needed for</u>	math classes	
	mam Classes	
Estimated Cost of Request \$ 1,218 45 Principal or Director Signature:	Date	e 9-4-14
	No	
Associate Superintendent Approval: Yes		
Associate Superintendent Signature:	Dat	e
Superintendent Approval: Yes_	No	<u>.</u>
Superintendent Signature:	Date	<u> </u>
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: STEP ACADEN	<u>nx</u>		
Campus Principal: Gerardo S. Rodrig	ruez		
Board Member: Pat Campos			
Board Member:			· · · · · · · · · · · · · · · · · · ·
Description of Request: Printers are neede	d because budge	t allocation	does facilitate
technology purchases.			 .
Estimated Cost of Request \$3.983.27	Offi		
Principal or Director Signature:	UIL	Date	9-4-14
Associate Superintendent Approval: Yes_	No		
Associate Superintendent Signature:	e 1	Date	<u> </u>
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	
		1.	
Board Approval: Yes No	Date A	Approved:	



lace old existing ones. School. They were used.
Date 9-4-14
Date
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Requesting Campus: AMPARO GU	TIERREZ EL	EMENTARY		
Campus Principal: <u>CLAUDIA C. DOVALINA-GUZMAN</u>				
Board Member: Pat Campos				
Board Member:				
Description of Request: To replace	e equipme	nt that is		
Description of Request: To replace equipment that is no longer in operation and is needed for the				
delivery ofinstruction				
0				
Estimated Cost of Request <u>\$6,200.00</u>				
Principal or Director Signature: <i>Llanda</i>	C. D. alina of	Jugar Date 9/4/14		
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_		Approved:		



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Requesting Campus: AMPARO GU	TIERREZ EL	EMENTARY
Campus Principal: <u>CLAUDIA C. D</u>	OVALINA-G	UZMAN
Board Member: Pat Campos		
Board Member:		
Description of Request: ATTENDAN	ICE AND PB	IS STUDENT
INCENTIVES FROM CASA G	UERO (5 six week periods)
		•
Estimated Cost of Request\$1,800.00	0	
Principal or Director Signature: <u>Uand</u>	C. O. D. Vali-	Ingmo Date 9/4/14
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	Dat	e Approved:
Please return the completed form to the	Superintendent'	s Office for final processing.



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Requesting Campus: AMPARO GUTIERREZ ELEMENTARY
Campus Principal: CLAUDIA C. DOVALINA-GUZMAN
Board Member: Pat Campos
Board Member:
Description of Request: ATTENDANCE & PBIS STUDENT
INCENTIVES FROM WAL-MART (5 Six week periods)
Estimated Cost of Request \$2,000.00
Principal or Director Signature: Cauch C. Dwalin Sympa Date 9/4/14
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.