

	Exhibit A	
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	7/34	
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Requesting Campus:	Health Services Department		-7;°
Campus Principal:	Director: Irene Rosales MSN,	RN	
Originators Email:	irosales@uisd.net		
Board Member: M	Ir. Francisco Castillo	1	
Board Member:			
Board Member:			
Description of Reques	t: I am requesting	Discretionar	ry Funds from Mr. Francisco Castillo
to incentivize the nur	rsing staff during the National	School Nurses'	Celebration on May 10, 2024. This is to increase
the morale of the nur	rses and Health Services staff t	o keep them wo	rking at their optimum.
Estimated Cost of Rec	juest: \$1,000,00		
Principal or Director		Rosaly	Date: 4.12.24
ASSOCIATE SUPER	INTENDENT APPROVAL:	Yes	No
Signature:			Date:
SUPERINTENDENT	APPROVAL:	Yes	No
Signature: _			Date:
BOARD MEMBER A	PPROVAL:	Yes_	No
Signature:			Date: 04/23/2024
BOARD MEMBER A	PPROVAL:	Yes	No
Signature:			Date:
BOARD MEMBER A	PPROVAL:	Yes	No
Signature:			Date:

BOARD APPROVAL DATE:

Exhibit A



#### United Independent School District Board of Trustees Discretionary Funds Fiscal Year 2023-2024

Requesting Campus:	United High School					
Campus Principal:	Jessica Salazar		- المالية	فيد يهيدينين		
Originators Email:	iginators Email: cportillo@uisd.net rrhinojosa@uisd.net gina.lara@uisd.net					
pard Member: Francisco "Frank" Castillo						
Board Member:	k i i i i i i i i i i i i i i i i i i i		- B			
Board Member:						
Description of Reques	t: Larriette Dance Tear	m transportatio	n expense to attend			
Estimated Cost of Re	D4	Dun	Date:	5-14-24		
	RINTENDENT APPROVAL					
SUPERINTENDENT		Yes	No			
			Date:	<u> </u>		
BOARD MEMBER	APPROVAL:	Yes	No	<u> </u>		
Signature:			Date:			
BOARD MEMBER	APPROVAL:	Yes	No_			
Signature:			Date:			
BOARD MEMBER	APPROVAL:	Yes	No_			
			D.4			

BOARD APPROVAL DATE: \_\_\_\_\_



<b>Exhibit</b>	A
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Requesting Campus: Health Department			Y
Campus Principal: Irene Rosales			
Originators Email:		7	
soard Member: Francisco "Frank" Castillo			
Board Member:	4.5		
cord Members			
Description of Request: Nurses Week faculty an	nd staff incentive	es	
Houston, Texas.			
Estimated Cost of Request: \$500.00			
φυσούσου πεταμεσί.			<del> </del>
Principal or Director Signature: Mike Garza	a		Date: 05/08/20024
SSOCIATE SUPERINTENDENT APPROVAL:	Yes		No
Signature:		Date:	
UPERINTENDENT APPROVAL:	Yes		No
Signature:		Date:	
BOARD MEMBER APPROVAL:	Yes	_	No
Signature:		Date:	05/08/2024
OARD MEMBER APPROVAL:	Yes	_	No
Signature:		Date:	· · · · · · · · · · · · · · · · · · ·
OARD MEMBER APPROVAL:	Yes		No





Requesting Campus:	Juarez-Linco	oln Elem.	
Campus Principal:	Roberto Ort	12	
Originators Email:			
Board Member:	Ramiro Veliz, III	· ·	
Board Member:			
Board Member:			
Description of Request	5th Grade le	evel, supp	lies, materials and other
graduatro	n expenses.		
Estimated Cost of Requ	nest: \$500.00		
Principal or Director S	ignature: Mike Garz	ra	Date: 05/06/2024
ASSOCIATE SUPERI	NTENDENT APPROVAL:	Yes	No
Signature:			Date:
SUPERINTENDENT A	APPROVAL:	Yes	No
Signature:			Date:
BOARD MEMBER AF	PPROVAL:	Yes	No
Signature:	JUST		Date:05/06/2024
BOARD MEMBER AF	PROVAL:	Yes	No
Signature:			Date:
BOARD MEMBER AI	PROVAL:	Yes	No
Signature:			Date:
	BOARD APPROVA	AL DATE:	



	Exhibit A	
_	2/2/24	
11	D.	
1		

Requesting Campus: United South High School – 9"	F
Campus Principal: Laura D. Collins	
Originators Email: edavila1@uisd.net ssweatt@uisd.net	
Board Member: Ramiro Veliz, III	
Board Member:	
Board Member:	
Description of Request: Class of 2027 Student Incentives for End Of Year field trip ex	penses
Estimated Cost of Request: \$1,500.00	
Principal or Director Signature: L. U- C. Date: 05/0	02/2024
ASSOCIATE SUPERINTENDENT APPROVAL: Yes No	_
Signature: Date:	
SUPERINTENDENT APPROVAL: Yes No	_
Signature: Date:	
BOARD MEMBER APPROVAL: Yes No	_
Signature: Date: 05/0	2/24
BOARD MEMBER APPROVAL: Yes No	_
Signature: Date:	
BOARD MEMBER APPROVAL: Yes No	_
Signature: Date:	
BOARD APPROVAL DATE:	

Exhibit A



#### United Independent School District Board of Trustees Discretionary Funds Fiscal Year 2023-2024

Campus Principal: Carlos Valdez			
Originators Email: <u>carlosv@uisd.net</u> al	bernal@uisd.net		
Board Member: Ramiro Veliz, III			
Board Member:			
Board Member:			
Description of Request: United Middle S	chool Football Tea	m supplies,	materials and/or team incentives or
Athletic equipment/uniforms.			
Estimated Cost of Request: \$1,000.00			
Principal or Director Signature:	1/1		D. ( 0.7/1.7/2000 )
rinicipal of Director Signature: (700-0-	8		Date: 05/17/20024
ASSOCIATE SUPERINTENDENT APPRO	VAL: Yes		No
ASSOCIATE SUPERINTENDENT APPRO			No
Signature:		Date:	
SUPERINTENDENT APPROVAL:	Yes	Date:	
Signature:SUPERINTENDENT APPROVAL: Signature:	Yes	Date:	No
Signature:SUPERINTENDENT APPROVAL: Signature:BOARD MEMBER APPROVAL:	Yes	Date:	
Signature:SUPERINTENDENT APPROVAL: Signature:	Yes	Date:	No
Signature:SUPERINTENDENT APPROVAL: Signature:BOARD MEMBER APPROVAL:	Yes	Date:	No
Signature:SUPERINTENDENT APPROVAL: Signature:BOARD MEMBER APPROVAL: Signature:	YesYes	Date:	No
Signature:  SUPERINTENDENT APPROVAL:  Signature:  BOARD MEMBER APPROVAL:  Signature:  BOARD MEMBER APPROVAL:	YesYes	Date: Date:	No



Exhibit A

R.V-100-5/14/24

Requesting Campus. 1	nice Department			
Campus Principal:A	aron Salazar			
Originators Email: <u>aa</u>	rons@uisd.net			
Board Member: Ram	iro Veliz III			j
Board Member:				
Board Member:				
Description of Request:	Office printer and Lapton	p for Secretary (	Office.	
Estimated Cost of Pague	st. \$1.526.00			
Estimated Cost of Reques Principal or Director Sign	000		Date:	5/13/2024
ASSOCIATE SUPERINT	TENDENT APPROVAL:	Yes	_ N	No
Signature:			Date: _	
SUPERINTENDENT AP	PROVAL:	Yes	_ N	No
Signature:			Date: _	
BOARD MEMBER APP	ROVAL:	Yes/	_ N	No
Signature:			Date: _	05/13/2024
BOARD MEMBER APP	ROVAL:	Yes	N	No
Signature:	-		Date: _	
BOARD MEMBER APP	ROVAL:	Yes	N	No
Signature:	·		Date: _	
	BOARD APPROVA	L DATE:	* * * * * * * * * * * * * * * * * * * *	y + 10 °

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



#### United ISD Lexmark Printers & Toner Pricing (Valid 7/1/2023 - 12/15/2023)

Finite FullCUON	Printer Model	Part No.	Description	UISD Price
Color Multi- Function	CX431	40N9370	Lexmark CX431  Small workgroup color versatility is easy to deploy and share with the compact, lightweight Lexmark CX431adw multifunction. It combines printing at up to 26 ppm* with automatic scanning at up 96 images per minute plus copying and faxing. Take control with a 2.8-inch (7.2 cm) touch screen and connect via Wi-Fi and	\$389.00
	CX431	20NIXKO	more. Black Toner 6.7k Yld	\$109.75
	CX431	20N1XC0	Cyan Toner 6.7k Yld	\$195.00
	CX431	20N1XM0	Magenta Toner 6.7k Yld	\$195.00
	CX431	20N1XY0	Yellow Toner 6.7k Yld	\$195.00
Color Work Group	CS521dn	42C0060	Lexmark CS521dn  Color – 35ppm  Mono/35ppm  – 2400 x 600 dpi Print –  Automatic Duplex Print –  251 Sheets Input	\$409.00
	CS521	78C1UK0	Black Toner Ctg 10.5k	\$119.00
	CS521	78C1UC0	Cyan Toner Ctg. 7k Yld	\$179.00
	CS521	78C1UM0	Magenta Toner Ctg. 7k Yld	\$179.00
	CS521	78C1UY0	Yellow Toner Ctg. 7k Yld	\$179.00
Single Function Color	CS431DW	40N9320	Lexmark CS431dw Give every small workgroup bold, consistent color output with the compact, lightweight Lexmark CS431dw. Built for reliability, performance and security, it prints up to	\$351.00



### A quote for your consideration

Based on your business needs, we put the following quote together to help with your purchase decision. Below is a detailed summary of the quote we've created to help you with your purchase decision.

To proceed with this quote, you may respond to this email, order online through your Premier page, or, if you do not have Premier, use this Quote to Order.

Quote No.

Customer # Quoted On

Expires by

Contract Name

Contract Code
Customer Agreement #

Deal ID

3000171224193.1

\$1,137.00 100874728 Jan. 17, 2024 Feb. 16, 2024

Texas Department of Information Resources (TX

C000000006841

TX DIR-TSO-3763 21453765 Sales Rep

Phone Email Billing To Eric Swanson

(800) 456-3355, 6180349 Eric\_Swanson@Dell.com ACCOUNTS PAYABLE

UNITED ISD 201 LINDENWOOD ACCOUNTS PAYABLE LAREDO, TX 78045-2429

Message from your Sales Rep

Please contact your Dell sales representative if you have any questions or when you are ready to place an order. Thank you for shopping with Dell!

Regards, Eric Swanson

#### Shipping Group

Shipping To BELINDA MANNING UNITED ISD 3501 E SAUNDERS ST LAREDO, TX 78041-5444 (956) 473-7821 Shipping Method Standard Delivery

Product Unit Price Quantity Subtotal

Dell Latitude 5340 \$1,137.00 1 \$1,137.00

Subtotal: \$1,137.00
Shipping: \$0.00
Environmental Fee: \$0.00
Non-Taxable Amount: \$1,137.00
Taxable Amount: \$0.00
Estimated Tax: \$0.00

Total:

\$1,137.00

Monitor, detect and respond to threats 24/7

Dell Managed Detection and Response





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Requesting Campus:	Finley Elementary			, , , , , , , , , , , , , , , , , , ,
Campus Principal:	Imelda Flores			
Originators Email:	imeldaf@uisd.net claudia.pe	enaestrad@uisd.i	<u>net</u>	
Board Member:	Michelle Molina			
Board Member:		-		
Board Member:				
Description of Reque	st: For Student participation iology, Chemistry, Art & Phys			
Estimated Cost of Re		de		Date: 05/01/2024
ASSOCIATE SUPER	RINTENDENT APPROVAL:	Yes	-	No
Signature: _			Date:	
SUPERINTENDENT	APPROVAL:	Yes		No
Signature:			Date:	<u> </u>
BOARD MEMBER A	APPROVAL:	Yes		No
Signature: _			Date:	05/02/24
BOARD MEMBER A	APPROVAL:	Yes	_	No
Signature: _	-		Date:	
BOARD MEMBER A	APPROVAL:	Yes		No
Signature: _			Date:	

Please return the completed form to the Superintendent's Office for processing: boardagenda@uisd.net

**BOARD APPROVAL DATE:** 



Exhibit A

Requesting Campus: J.B.J. MULLER ELEMENTARY
Campus Principal: MAYRA N. RAMIREZ
Originators Email: MSOLORIO@UISD.NET
Board Member: MICHELLE MOLINA
Board Member:
Board Member:
Description of Request: Homework planners for students to keep them organized and have communication /
documentation with parents through the planners since students and parents sign the planner on a daily basis.
Estimated Cost of Request: \$ 3,298.25
Principal or Director Signature: Maya Paner Date: 3/21/24
ASSOCIATE SUPERINTENDENT APPROVAL: Yes No
Signature: Date:
SUPERINTENDENT APPROVAL: Yes No
Signature: Date:
BOARD MEMBER APPROVAL: Yes No
Signature: 25/03/24
BOARD MEMBER APPROVAL: Yes No
Signature: Date:
BOARD MEMBER APPROVAL: Yes No
Signature: Date:
ROARD APPROVAL DATE:



2024-2025 Student Planner Order Form
Order online, or complete, sign, and email order form to purchaseorders@schoolmate.com,
or fax to 800-570-1767. Call 800-516-8339 with questions. Phone orders not accepted.

Order#	

Schoolingto.com	ooo mare	questions, i non	o ordoro no	dosoptos			1
School Name Muller tumentary		<b>Proof Cont</b>	act (Provi	de ALL co	ntact info)	Date Rec'd	2000
District Name UNITED 15D	1	Name	,			Fax (954) 473	- 3799
Contact Name Mayin Remover Title Principa	0)	Cell Ph (			<i>F</i>	Alt Ph ()	
School Mailing Address 4430 Muller Mr Maria	13/11	Home Email	(required)	- 31	-1.5	0 12184 108	
		Work Email	(required)	1 1 10	11 6	e uisdine	T
Ship Address (If different. No PO Boxes)		Bill Attent		UV	IIFEA		
Ship City, State, Zip	101	□ P0# (opt.)					☐ Invoice Us
		Pay by cree					ired Relow
Cell Ph () Alt Ph ()  Email (required) MSO 640 CUSA Net		Early Invoice				, and special offers from S	
A CHOOSE PLANNER - Check only 1 product code below. Submit e					, reminuers	3 QUANTITY	CHOOLIVIERS.
DE AMBIER TWEE W. L Middle L	-		Undated	Classic	Scholar		DEA
Value Planners GGA GGA GGA GGA GGA GGA GGA GGA GGA GG	High School		Agenda	U GIA	SRA)	# Student Planners	
Custom Planners CGG XCB CGG CGG CGG CGG CGG CGG CGG CGG CGG C	☐ HSE					# Teacher Editions (TE) + NA for Undated Agendas (UDA)	
Custom with Handbooks C (GC) C (CC) C	☐ HSC	4650	NA		□ (SRC)	# Total Planners (TP) =	250
Custom with Handbooks C (185) C (187) C (187) C (188) C (187)	- HSC		NA				
C VALUE PLANNERS - See Price Chart C						r without Handbooks) – See Pric	
\$ x Total Planners (TP) (25 min. order, 60 min. for UDA) = \$		\$ 3.45	x Tota	l Planners	( <b>TP</b> ) (60 mir	n. order) = \$	862.50
COD (RA) (RA) (RA) (RA) (RA) (RA) (RA) (RA)		KGB KGD (FF	D GED (II			VID HSB HSC (ATD (ATD (ATD) ns E, F, G, H, and I.	DLD SRD SRD
COVERS – For Custom Planners only. Select a cover design and complete the	Cover Wor	rding (also indicat	e if years are	to be printer	t) and Mascot	helow	
1. ✓ Poly-Pro™ Cover with school name/mascot in black ink: Design #P	841	amy total maiout	o ii yoolo are	to oo printo	of and mason	FREE	
2. Full-Color Agenda Cover - For AGB and AGC only with school name							
3. Religious Cover with school name/mascot in black ink: #R							
4. One-Color Cover – Indicate 1 standard ink:  #C							
						TD - 254 C	
5.   Multicolor or Photo Cover – Indicate 2 standard inks:  #T	design			SERBERES SESSE			(\$40 minimum)
☐ Photo Cover #F : ☐ Own photo OR ☐ Photo mascot #			Repeat la	st year's de	sign; change		
Cover Wording: J.B.J. Muller the Mer						print 2024-2025	
Mascot: Online mascot # ☐ Own mascot ■  6. □ Custom Back Cover □ Own design □ Repeat last year's □ Solid						TP v 25¢ - 9	
□ Custom Inside Back Cover (only available with Custom Back Cover) □							(\$40 minimum)
OPTIONS & TEACHER AIDS - For Custom Planners only, All							(\$40 minimum)
Only options available for AGB & AGC are 4, 5, and 6. Only option availal					Tamies o and	Todorer sustance	
1. ☐ Hall Pass SheetTP x 12¢ = 2. ☐ Year-Rnd. Suppl. TP x	( 25¢ =	→ bir			ner 🗆 back	of planner	
3, □ Char. Ed. SupplTP x 40# = 4, □ Vinyl PouchTP x	( 30¢ = _		5. Plann	ing Sticker	sTP x 25	£ ==\$	0.1 0.0%
6. □ Inserts □ IN1 □ IN2 □ IN3 □ IN4	****	were reprove a			#Total Ins	erts x 25¢ x TP = S	Options 1-5 Yotel
Options for Teacher Editions (TE) only – will be placed in all TEs ordered							
☐ Grade RecordsTE x 85¢ = ☐ Lesson Plans (NA for		C, SRB, or SRC)	TE x 85¢	=		=\$	
G HANDBOOK PAGES - For Custom Planners only.							
Note: 1 page is 1 side of a sheet of paper#T	otal Cus	tom Pages		(4¢/page	(3¢ for HS	SC, SRC & AGC) x TP = \$	
□ Repeat last year's pages □ Press	s-ready p	pages enclosed	d 🗆	PDF uploa	ded		
H EXTRAS - Available for ALL planners & agendas (Value and Custom).							
☐ Page Marker Rulers — Must order for all, no partials							
☐ Wall Charts — 5 wall charts per case (must order by full case)						#casesx \$35 = \$	
Order will not be processed without a signature.		SHIPPIN	IG & 0	RDER T	OTALS		91151
(100)	При	ICH Preduction	n / 1110-1	o Custors	Dianners and	Subtotal = \$ y) - add 20% (\$75 min.) = \$	862.50
Sign Here Date 23/24	Sh	ipping – (AK. 1	HI, APO. FP	o call for n	ricing) 48 sta	y) - add 20% (\$75 min.) = \$ ates 50¢/planner = \$	125.00
By signing, you agree to School Mate's Terms & Conditions						Pretax Total = \$	
Special Instructions: Please attach if you have any.	Sta	ate Tax Custome paying s	er must provid sales tax.	le tax exempt	form, or custor	ner will be responsible for = \$	
CP COLLEGE COLORS . F 10030 attack in you have any.	De	lay Ship (opt.)				4  July 12  July 19 6  Aug 23  Aug 30	987.50



### 2024-2025 Student Planner Order Form. Order online, or complete, sign, and email order form to purchaseorders@schoolmate.com,

	For Office Use Only – 1/24 web
Ore	er#

schoolmate.com		The same of the sa	/U-1/67. Call 800	516-8339 WI	in questions. Pho	ne orders no	t accepted.				i
School Name Muller tumen lary						Proof Contact (Provide ALL contact info)  Date Rec'd					
District Name UNI + ed 1 · S · D.					Name					954193-	3999
Contact Name May 15 Kam 141 Title Principal Cell Ph ( ) Alt Ph ( ) School Mailing Address 4430 Muller Welmwiel Blad. Home Email (required)											
	4410	MullerVV	Phiniel 1	2/10/	Home Ema	il (required	)	7 - 1 0			
		TL. 780			Work Emai	(required)		(100)	1) (	0 0150.1	net
Ship Address (If different, I	No PO Boxes)							MIted	170		
Ship City, State, Zip	(77 76)	n	//27	999	PO# (opt	7					☐ Invoice Us
		10 Fax (95	414-	2 ( ( )				lmate.com.		Signature Requ	nired Deleve
Cell Ph () Email (required)	10 - 1-10	Alt Ph (	sd. ne	+	Early Invoic						
ESTRUM-								s, reminders,	_	ecial offers from S	chool Mate.
A CHOOSE PL	ANNER - C	Check only 1 produ					duct(s).		3 0	UANTITY	
PLANNER TYPE		rimary Elementary	3011001	vigator Hi		Undated Agenda	Classic	Scholar	# Studer	nt Planners	585
Value Planners					ISA 🗆 (AFA)		o œ	□ (STA)	# Teach	er Editions (TE) + ndated Agendas (UDA)	
Custom Planners			- Senter		ISB CATE	NA		□ SRB	NA for U	ndated Agendas (UDA)	505
Custom with Handbooks			O CEB O		isc Ge	NA	o (CO)	□ SEC	# lotal i	Planners (TP) =	. 50 )
C VALUE PLA	NNERS - SE	se Price Chart C			D cu	STOM P	LANNE	RS (with or	without F	landbooks) – See Prid	ce Chart D
\$x Total F			(ACII)		1					= \$	
1		25 min. order, 50 min.								HSC (ATD (ATD (ATD)	
		to sections H and I	The second second		1225	2000 4000		e on to section			12.5 0.5 0.5
COVERS - Fo	r Cuetom Plannai	re natu Salant a caus	r design and comple	ate the Councy	Vardina (also indic	ata if waste are	to be grinte	d) and Massat	halaw		
1. YPoly-Pro™ Cove										FREE	
2. Full-Color Agen											
3. Religious Cove											
4. One-Color Cove	er – Indicate 1 st	tandard ink:	***	******							
□ #C	Rep	peat last year's; ch	ange year	Own design							_
5. Multicolor or P	hoto Cover – In	ndicate 2 standard peat last year's; ch	inks:	0		******		CE   9   W.C. W. D. C. W. W. W. W. W. C. C.	**********	TP x 25¢ = \$	(\$40 minimum)
□ Photo Cover #	F G Rep	: Own photo	OR Photo m	ascot#	-1	Repeat la	st vear's de	esion: change	vear	- 1	(640 minimum)
☐ Photo Cover #  Cover Wording: _	2.	B. J. M	ullov E	Longe	100					print 2024-2025	
Mascot: Online ma											
6. Custom Back C	over U Own de	esign 🚨 Repeat	last year's	Solid - stand	ard ink:		******			TP x 25¢ = \$	(\$40 minimum)
Custom Inside I	Back Cover (on	ly available with C	ustom Back Cov	er) 🚨 Own d	esign 🚨 Repe	at last year's	S		******	TP x 25¢ = \$	
OPTIONS &	TEACHER	R AIDS - For Cu	stom Planners or	ly. All options	ordered will be	included in b	oth Student	Planners and	Teacher I	Editions.	(\$40 minimum)
Only options availab	le for AGB & A	AGC are 4, 5, and								استناد	
1. Hall Pass Sheet.			Year-Rnd. Supp								_
3. Char. Ed. Suppl	.TP x 40¢ =	4. 🗆	Vinyl Pouch	. TP x 30€ =		5. Planr	ning Sticker	sTP x 25	=	= \$	Options 4 - E Yeari
6. ☐ Inserts ☐ IN1	OIN2 OI	IN3 □ IN4					********	. #Total Inse	rts	x 25¢ x TP = \$	
Options for Teacher											_
☐ Grade Records	TE x 85¢ =		Lesson Plans (	NA for HSB, I	ISC, SRB, or SR	C) TE x 85¢	=		**************************************	=\$	
G HANDBOOK	PAGES-	For Custom Planner	s only.					0.0	Til ga		
Note: 1 page is 1 sid	e of a sheet of	paper	K(K) #0#080# #7#0# #0#0# #0#0#	#Total C	ustom Pages _		x 4¢/page	(3¢ for HS	C, SRC	& AGC) x TP = S	
		l <b>epeat</b> last year's	pages 🗆	Press-read	y pages enclos	ed 🗅	PDF uploa	ided			
EXTRAS - AV	ailable for ALL pl	lanners & agendas	Value and Custor	n).							
☐ Page Marker Rulers	- Must order fo	or all, no partials			**********				********	TP x 20¢ = \$	-
☐ Wall Charts - 5 wa											
					SHIPPI						1 1110
Urder wil	not be proc	cessed withou	nt a signatur	9. /						Subtotal = \$	2,018.25
Sign Harr	12 mi		2/2							20% (\$75 min.) = \$	
Sign Here By sign	ing, you earen to Sch	ool Mate's Terms & Cor	Date 14	100	anipping – (AK	, HI, APO, FP	'U call for p	ricing) 48 sta	tes	. 50¢/planner = \$ Pretax Total = \$	292.50
ST SIGN	5, 1 28,33 10 001				State Tax Cusion	ner must provid	de lax exempl	form, or custom	er will be r	esponsible for = \$	
Special Instructions:	Please attach if y	ou have any.			paying <b>Delay Ship</b> (op	sales tax.				y 12 🖾 July 19	2,310.75
						6 Aug 2				g 23	TOTAL



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ALC: A	A.A.	д	w	я	ı	

Requesting Campus:	Clark Middle School			
Campus Principal:	Michelle Gomez	. 4	1 1	
Originators Email:	mcgomez@uisd.net			
Board Member:	Michelle Molina			
Board Member:				
Board Member:				,
Description of Requ	est: Teacher Appreciation			
		- 10 × 1		
	<u> </u>			<u> </u>
Estimated Cost of R	r Signature: Milhelle	L. Man	<del>y</del>	Date: 5/3/2024
ASSOCIATE SUPE	RINTENDENT APPROVAL:	Yes		No
Signature:		<u> </u>	Date:	
SUPERINTENDEN	Γ APPROVAL:	Yes		No
C:			Date:	
Signature:			Date.	
		Yes/	/ 	No
	APPROVAL:		Date:	
BOARD MEMBER Signature:	APPROVAL:		Date:	No
BOARD MEMBER Signature:	APPROVAL:	Yes	Date:	No05/03/2024
BOARD MEMBER Signature:	APPROVAL:  APPROVAL:	Yes	Date:	No





Requesting Campus: Newman, Cuellar, Gutterrez	z, Col. San	tos Benavides	, R. J. Santos, United MS & AHS-Main
Campus Principal: Various Principals			
Originators Email: <u>grirodriguez@uisd.net</u> exma	artinez@u	isd.net	
Board Member: Aliza Oliveros			
Board Member:			
Board Member:			-
Description of Request: Teacher Appreciation V	Week Ince	ntives	
Estimated Cost of Request: \$600.00			<del></del> )
Principal or Director Signature: Mike Gavza	a	I	Date: 05/06/2024
ASSOCIATE SUPERINTENDENT APPROVAL:	Yes		No
Signature:		Date:	
SUPERINTENDENT APPROVAL:	Yes		No
Signature:		Date:	
BOARD MEMBER APPROVAL:	Yes	/	No
Signature:		Date:	05/06/2024
BOARD MEMBER APPROVAL:	Yes		No
Signature:		Date:	
BOARD MEMBER APPROVAL:	Yes		No
Signature:		Date:	





FOR CHILDREN				
Requesting Campus:	Antonio Gonzalez Middle Sc	chool		
Campus Principal:	Araceli Garza			
Originators Email:	aracelig@uisd.net monica.s	egura@uisd.net		
Board Member:	Ramiro Veliz, III			
Board Member: A	liza Oliveros		X	
Board Member:				
Description of Reques	t: Laminating Machine for	r all teacher/cam	pus activities throughout the y	ear.
Estimated Cost of Rec	quest: \$3,895.68 (Veliz-\$3,57	9.46 / Oliveros-\$	3316.22)	
Principal or Director	A M	aug)	Date: <u>05/17/20024</u>	
ASSOCIATE SUPER	INTENDENT APPROVAL:	Yes	No	
Signature:			Date:	
SUPERINTENDENT	APPROVAL:	Yes	No	
Signature: _			Date:	
BOARD MEMBER A	APPROVAL:	Yes	No	
Signature:			Date:	
BOARD MEMBER A	APPROVAL:	Yes	No	
Signature:			Date:	
BOARD MEMBER A	APPROVAL:	Yes	No	
Signature:			Date:	

Please return the completed form to the Superintendent's Office for processing: boardagenda@uisd.net

BOARD APPROVAL DATE: