



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

Exhibit A

7.C.04/23/24

Requesting Campus: Health Services Department

Campus Principal: Director: Irene Rosales MSN, RN

Originators Email: irosales@uisd.net

Board Member: Mr. Francisco Castillo

Board Member: _____

Board Member: _____

Description of Request: I am requesting Discretionary Funds from Mr. Francisco Castillo

to incentivize the nursing staff during the National School Nurses' Celebration on May 10, 2024. This is to increase the morale of the nurses and Health Services staff to keep them working at their optimum.

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: Irene Rosales Date: 4.12.24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: _____ Date: 04/23/2024

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: boardagenda@uisd.net



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

Exhibit A

Requesting Campus: United High School

Campus Principal: Jessica Salazar

Originators Email: cportillo@uisd.net rrhinojosa@uisd.net gina.lara@uisd.net

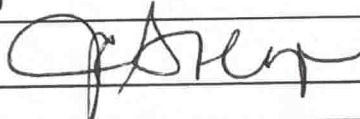
Board Member: Francisco "Frank" Castillo

Board Member: _____

Board Member: _____

Description of Request: Larriette Dance Team transportation expense to attend MA Officers Camp in Houston, Texas.

Estimated Cost of Request: \$1,000.00

Principal or Director Signature:  Date: 5-14-24

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: _____

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

Exhibit A

FC/130.5/10/24

Requesting Campus: Health Department

Campus Principal: Irene Rosales

Originators Email: _____

Board Member: Francisco "Frank" Castillo

Board Member: _____

Board Member: _____

Description of Request: Nurses Week faculty and staff incentives

Houston, Texas.

Estimated Cost of Request: \$500.00

Principal or Director Signature: Mike Garza Date: 05/08/20024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: _____ Date: 05/08/2024

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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

Exhibit A

Requesting Campus: Juarez-Lincoln Elem.

Campus Principal: Roberto Ortiz

Originators Email: _____

Board Member: Ramiro Veliz, III

Board Member: _____

Board Member: _____

Description of Request: 5th Grade level, supplies, materials and other graduation expenses.

Estimated Cost of Request: \$500.00

Principal or Director Signature: Mike Garza Date: 05/06/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: [Signature] Date: 05/06/2024

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD APPROVAL DATE: _____

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

Exhibit A

R.V. / 05/02/24

Requesting Campus: United South High School – 9th

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 expenses

Estimated Cost of Request: \$1,500.00

Principal or Director Signature: *Laura D. Collins* Date: 05/02/2024

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

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

BOARD MEMBER APPROVAL: Yes ✓ No _____
Signature: _____ Date: 05/02/24

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 processing: boardagenda@uisd.net



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

Exhibit A

Requesting Campus: United South Middle School

Campus Principal: Carlos Valdez

Originators Email: carlosv@uisd.net abernal@uisd.net

Board Member: Ramiro Veliz, III

Board Member: _____

Board Member: _____

Description of Request: United Middle School Football Team supplies, materials and/or team incentives or Athletic equipment/uniforms.

Estimated Cost of Request: \$1,000.00

Principal or Director Signature: _____

Date: 05/17/20024

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: _____

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

Exhibit A

R.V. 105 5/14/24

Requesting Campus: Police Department

Campus Principal: Aaron Salazar

Originators Email: aarons@uisd.net

Board Member: Ramiro Veliz III

Board Member: _____

Board Member: _____

Description of Request: Office printer and Laptop for Secretary Office.

Estimated Cost of Request: \$1,526.00

Principal or Director Signature:  Date: 5/13/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: _____ Date: 05/13/2024

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: July 13, 2022

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

Printer Function	Printer Model	Part No.	Description	USD 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 more.	\$389.00
	CX431	20N1XK0	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.	3000171224193.1	Sales Rep	Eric Swanson
Total	\$1,137.00	Phone	(800) 456-3355, 6180349
Customer #	100874728	Email	Eric_Swanson@Dell.com
Quoted On	Jan. 17, 2024	Billing To	ACCOUNTS PAYABLE
Expires by	Feb. 16, 2024		UNITED ISD
	Texas Department of		201 LINDENWOOD
Contract Name	Information Resources (TX		ACCOUNTS PAYABLE
	DIR)		LAREDO, TX 78045-2429
Contract Code	C000000006841		
Customer Agreement #	TX DIR-TSO-3763		
Deal ID	21453765		

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

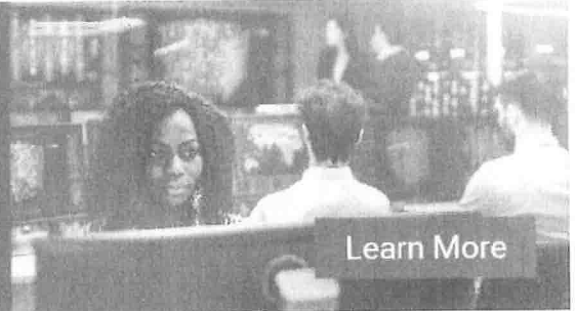
Product	Unit Price	Quantity	Subtotal
Dell Latitude 5340	\$1,137.00	1	\$1,137.00

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
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Monitor, detect and
respond to threats 24/7

Dell Managed Detection and Response



[Learn More](#)



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

Exhibit A

4/4/5/2/24

Requesting Campus: Finley Elementary

Campus Principal: Imelda Flores

Originators Email: imeldaf@uisd.net claudia.penaestrada@uisd.net

Board Member: Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: For Student participation in the Imagine Lab Mobile Half-Day Session

(activities include: Biology, Chemistry, Art & Physics, Math and Engineering))

Estimated Cost of Request: \$800.00

Principal or Director Signature: *Imelda Flores* Date: 05/01/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: _____ Date: 05/02/24

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 processing: boardagenda@uisd.net



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2024-2025

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: Mayra Ramirez Date: 3/21/24

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: [Signature] Date: 05/03/24

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: boardagenda@uisd.net



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.

For Office Use Only - 1/24 web

Order # _____

Date Rec'd _____

School Name Muller Elementary
District Name UNITED ISD
Contact Name Mayra Ramirez Title Principal
School Mailing Address 4430 Muller Memorial Blvd
City, State, Zip Laredo, Texas 78045
Ship Address (If different, No PO Boxes) _____
Ship City, State, Zip _____
School Ph (956) 473-3900 Fax (956) 473-3999
Cell Ph () _____ Alt Ph () _____
Email (required) msolorio@uisd.net

Proof Contact (Provide ALL contact info)
Name Angela Solis Fax (956) 473-3999
Cell Ph () _____ Alt Ph () _____
Home Email (required) _____
Work Email (required) asolis@uisd.net
Bill Attention to: United ISD
☐ PO# (opt.) _____ ☐ Invoice Us
☐ Pay by credit card, go to schoolmate.com.
Early Invoice by ____/____/____ Signature Required Below
☐ Please send me email updates, reminders, and special offers from School Mate.®

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	Navigator	High School	Dated Agenda	Undated Agenda	Classic	Scholar	# Student Planners.....	
Value Planners	<input type="checkbox"/> KGA	<input type="checkbox"/> PPA	<input type="checkbox"/> ELA	<input type="checkbox"/> MSA	<input type="checkbox"/> NVA	<input type="checkbox"/> HSA	<input type="checkbox"/> AGA	<input type="checkbox"/> UDA	<input type="checkbox"/> CLA	<input type="checkbox"/> SRA	250	
Custom Planners	<input type="checkbox"/> KGB	<input checked="" type="checkbox"/> PRB	<input type="checkbox"/> ELB	<input type="checkbox"/> MSB	<input type="checkbox"/> NVB	<input type="checkbox"/> HSB	<input type="checkbox"/> AGB	NA	<input type="checkbox"/> CLB	<input type="checkbox"/> SRB	# Teacher Editions (TE) + ...	
Custom with Handbooks	<input type="checkbox"/> KGC	<input type="checkbox"/> PRG	<input type="checkbox"/> ELG	<input type="checkbox"/> MSG	<input type="checkbox"/> NVG	<input type="checkbox"/> HSC	<input type="checkbox"/> AGC	NA	<input type="checkbox"/> CLG	<input type="checkbox"/> SRC	250	

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

D CUSTOM PLANNERS (with or without Handbooks) - See Price Chart D
\$ 3.45 x Total Planners (TP) (60 min. order) ... = \$ 862.50
KGB KGC PRB PRG ELB ELG MSB MSG NVB NVG HSB HSC AGB AGC CLB CLG 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.

1. ☒ Poly-Pro™ Cover with school name/mascot in black ink: Design #P- 841 FREE

2. ☐ Full-Color Agenda Cover - For AGB and AGC only with school name/mascot in black ink: #FC- FREE

3. ☐ Religious Cover with school name/mascot in black ink: #R- FREE

4. ☐ One-Color Cover - Indicate 1 standard ink: FREE
☐ #C _____ ☐ Repeat last year's; change year ☐ Own design

5. ☐ Multicolor or Photo Cover - Indicate 2 standard inks: TP x 25¢ = \$ _____
☐ #T _____ ☐ Repeat last year's; change year ☐ Own design
☐ Photo Cover #F _____; ☐ Own photo OR ☐ Photo mascot # _____ ☐ Repeat last year's design; change year

Cover Wording: J.B.J. Muller Elementary ☒ print 2024-2025

Mascot: Online mascot # _____ ☐ Own mascot ☒ Repeat last year's mascot

6. ☐ Custom Back Cover ☐ Own design ☐ Repeat last year's ☐ Solid - standard ink: TP x 25¢ = \$ _____
☐ Custom Inside Back Cover (only available with Custom Back Cover) ☐ Own design ☐ Repeat last year's TP x 25¢ = \$ _____

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

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

1. ☐ Hall Pass Sheet... TP x 12¢ = _____ 2. ☐ Year-Rnd. Suppl. TP x 25¢ = _____ → bind in: ☐ front of planner ☐ back of planner

3. ☐ Char. Ed. Suppl... TP x 40¢ = _____ 4. ☐ Vinyl Pouch... TP x 30¢ = _____ 5. ☐ Planning Stickers... TP x 25¢ = _____ = \$ _____

6. ☐ Inserts ☐ 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 HANDBOOK PAGES - 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

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

☐ Page Marker Rulers - Must order for all, no partials. TP x 20¢ = \$ _____

☐ Wall Charts - 5 wall charts per case (must order by full case). #cases _____ x \$35 = \$ _____

Order will not be processed without a signature.

Sign Here Mayra Ramirez Date 2/23/24

By signing, you agree to School Mate's Terms & Conditions

I SHIPPING & ORDER TOTALS

Subtotal = \$ 862.50

☐ RUSH Production - 4 weeks (Custom Planners only) - add 20% (\$75 min.) = \$ _____

Shipping - (AK, HI, APO, FPO call for pricing) 49 states..... 50¢/planner = \$ 125.00

Pretax Total = \$ _____

State Tax Customer must provide tax exempt form, or customer will be responsible for paying sales tax. = \$ _____

Delay Ship (opt.): ☐ Apr 19 ☐ May 10 ☐ June 14 ☐ July 12 ☐ July 19
☐ July 26 ☐ Aug 2 ☐ Aug 9 ☐ Aug 16 ☐ Aug 23 ☐ Aug 30

987.50
TOTAL

Special Instructions: Please attach if you have any.



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.

For Office Use Only - 1/24 web

Order # _____

Date Rec'd _____

School Name Muller Elementary
District Name United I.S.D.
Contact Name Mayer Ramirez Title Principal
School Mailing Address 4480 Muller Memorial Blvd.
City, State, Zip Laredo, TX 78045
Ship Address (If different, No PO Boxes) _____
Ship City, State, Zip _____
School Ph (954) 473-3900 Fax (954) 473-3999
Cell Ph () _____ Alt Ph () _____
Email (required) msolorio@uisd.net

Proof Contact (Provide ALL contact info)
Name Angela Solis Fax () _____
Cell Ph () _____ Alt Ph () _____
Home Email (required) _____
Work Email (required) asolis@uisd.net
Bill Attention to: United ISD
☐ PO# (opt.) _____ ☐ Invoice Us
☐ Pay by credit card, go to schoolmate.com.
Early Invoice by ____/____/____ Signature Required Below
☐ Please send me email updates, reminders, and special offers from School Mate.®

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	Navigator	High School	Dated Agenda	Undated Agenda	Classic	Scholar	# Student Planners.....	
Value Planners	<input type="checkbox"/> KGA	<input type="checkbox"/> PRA	<input type="checkbox"/> ELA	<input type="checkbox"/> MSA	<input type="checkbox"/> NVA	<input type="checkbox"/> HSA	<input type="checkbox"/> AGA	<input type="checkbox"/> UDA	<input type="checkbox"/> CLA	<input type="checkbox"/> SRA	585	
Custom Planners	<input type="checkbox"/> KGB	<input type="checkbox"/> PRB	<input checked="" type="checkbox"/> ELB	<input type="checkbox"/> MSB	<input type="checkbox"/> NVB	<input type="checkbox"/> HSB	<input type="checkbox"/> AGB	NA	<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"/> NVC	<input type="checkbox"/> HSC	<input type="checkbox"/> AGC	NA	<input type="checkbox"/> CLC	<input type="checkbox"/> SRC	585	

C VALUE PLANNERS - See Price Chart C

\$ _____ x Total Planners (TP) (25 min. order, 60 min. for UDA) ... = \$ _____

KGA PRA ELA MSA NVA HSA AGA UDA CLA SRA

Continue on to sections H and I.

D CUSTOM PLANNERS (with or without Handbooks) - See Price Chart D

\$3.45 x Total Planners (TP) (60 min. order) ... = \$ 2,018.25

KGB KGC PRB PRD ELB ELC MSB MSC NVB NYC HSB HSC AGB AGD CLB CLD 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.

1. ☒ Poly-Pro™ Cover with school name/mascot in black ink: Design #P- 837FREE

2. ☐ Full-Color Agenda Cover - For AGB and AGC only with school name/mascot in black ink: #FC-FREE

3. ☐ Religious Cover with school name/mascot in black ink: #R-FREE

4. ☐ One-Color Cover - Indicate 1 standard ink:FREE

☐ #C _____ ☐ Repeat last year's; change year ☐ Own design

5. ☐ Multicolor or Photo Cover - Indicate 2 standard inks: TP x 25¢ = \$ _____

☐ #T _____ ☐ Repeat last year's; change year ☐ Own design

☐ Photo Cover #F _____ ☐ Own photo OR ☐ Photo mascot # _____ ☐ Repeat last year's design; change year

Cover Wording: J.B.T. Muller Elementary ☒ print 2024-2025

Mascot: Online mascot # _____ ☐ Own mascot ☒ Repeat last year's mascot

6. ☐ Custom Back Cover ☐ Own design ☐ Repeat last year's ☐ Solid - standard ink: TP x 25¢ = \$ _____

☐ Custom Inside Back Cover (only available with Custom Back Cover) ☐ Own design ☐ Repeat last year's TP x 25¢ = \$ _____

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

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1. ☐ Hall Pass Sheet... TP x 12¢ = _____ 2. ☐ Year-Rnd. Suppl. TP x 25¢ = _____ → bind in: ☐ front of planner ☐ back of planner

3. ☐ Char. Ed. Suppl.... TP x 40¢ = _____ 4. ☐ Vinyl Pouch.... TP x 30¢ = _____ 5. ☐ Planning Stickers... TP x 25¢ = _____ = \$ _____

6. ☐ Inserts ☐ IN1 ☐ IN2 ☐ IN3 ☐ IN4 #Total Inserts _____ x 25¢ x TP = \$ _____

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☐ Grade Records..... TE x 85¢ = _____ ☐ Lesson Plans (NA for HSB, HSC, SRB, or SRC) TE x 85¢ = _____ = \$ _____

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☐ Page Marker Rulers - Must order for all, no partials..... TP x 20¢ = \$ _____

☐ Wall Charts - 5 wall charts per case (must order by full case)..... #cases _____ x \$35 = \$ _____

Order will not be processed without a signature.

Sign Here M. Ramirez Date 2/23/24

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I SHIPPING & ORDER TOTALS

Subtotal = \$ 2,018.25

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Shipping - (AK, HI, APO, FPO call for pricing) 48 states..... 50¢/planner = \$ 292.50

Pretax Total = \$ _____

State Tax Customer must provide tax exempt form, or customer will be responsible for paying sales tax. _____

Delay Ship (opt.): ☐ Apr 19 ☐ May 10 ☐ June 14 ☐ July 12 ☐ July 19 ☐ July 26 ☐ Aug 2 ☐ Aug 9 ☐ Aug 16 ☐ Aug 23 ☐ Aug 30

TOTAL 2,310.75

Special Instructions: Please attach if you have any.



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

Exhibit A

44/5324

Requesting Campus: Clark Middle School

Campus Principal: Michelle Gomez

Originators Email: mcgomez@uisd.net

Board Member: Michelle Molina

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation

Estimated Cost of Request: \$ 1000.00

Principal or Director Signature: Michelle L. Gomez Date: 5/3/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Michelle Molina Date: 05/03/2024

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 processing: boardagenda@uisd.net



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

Exhibit A

Requesting Campus: Newman, Cuellar, Gutierrez, Col. Santos Benavides, R. J. Santos, United MS & AHS-Main

Campus Principal: Various Principals

Originators Email: grirodriguez@uisd.net exmartinez@uisd.net

Board Member: Aliza Oliveros

Board Member: _____

Board Member: _____

Description of Request: Teacher Appreciation Week Incentives

Estimated Cost of Request: \$600.00

Principal or Director Signature: Mike Garza Date: 05/06/2024

ASSOCIATE SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

SUPERINTENDENT APPROVAL: Yes _____ No _____

Signature: _____ Date: _____

BOARD MEMBER APPROVAL: Yes ☒ No _____

Signature: Aliza Date: 05/06/2024

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 processing: boardagenda@uisd.net



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

Exhibit A

Requesting Campus: Antonio Gonzalez Middle School

Campus Principal: Araceli Garza

Originators Email: aracelig@uisd.net monica.segura@uisd.net

Board Member: Ramiro Veliz, III

Board Member: Aliza Oliveros

Board Member: _____

Description of Request: Laminating Machine for all teacher/campus activities throughout the year.

Estimated Cost of Request: \$3,895.68 (Veliz-\$3,579.46 / Oliveros-\$316.22)

Principal or Director Signature:  **Date:** 05/17/20024

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: _____

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