



# UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

**TOPIC:** Approval of Requests from Board Members in re: Use of Board Trustees Discretionary

Funds for Various Projects/Campuses

**SUBMITTED BY:** Aliza Flores-Oliveros **OF:** Board President

**APPROVED FOR TRANSMITTAL TO SCHOOL BOARD:** \_\_\_\_\_

**DATE ASSIGNED FOR BOARD CONSIDERATION:** August 22, 2018

**RECOMMENDATION:** It is recommended that the United ISD Board of Trustees approve Requests from Board Members in re: Use of Board of Trustees Discretionary Funds Various Projects/Campuses.

**RATIONALE:**

**BUDGETARY INFORMATION:**

**POLICY REFERENCE & COMPLIANCE:**



Exhibit A

United Independent School District  
Board of Trustees Discretionary Funds Request Form  
Fiscal Year 2018-2019

Requesting Campus: Trautmann Middle School

Campus Principal: Leti Menchaca

Board Member: Javier Montemayor

Board Member: \_\_\_\_\_

Description of Request: Computer Science Program

\_\_\_\_\_  
\_\_\_\_\_

Estimated Cost of Request \$ 4,100.00

Principal or Director Signature: [Signature] Date 8/06/18

Associate Superintendent Approval: Yes  No

Associate Superintendent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval: Yes  No

Superintendent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Board Member Approval: Yes  No

Board Member Signature: Briselda Rodriguez for Javier Montemayor Date 08/07/18

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.



# UNITED INDEPENDENT SCHOOL DISTRICT

## PURCHASE REQUISITION

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### VENDOR NAME AND ADDRESS

**GAMESALAD, INC**

6836 AUSTIN CENTER BLVD. SUITE 165

AUSTIN, TX 78731

Phone 844-837-8387

Campus TMS Rm #

Date August 6, 2018

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

Approval Code: \_\_\_\_\_ Discount: \_\_\_\_\_

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
91	GS0008.STUDENT	GAMESALAD FOR ED STUDENT LICENSE-1YR	\$45.00	\$45.00	\$4,095.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check  Mail  PickUp  Fax  EMAIL PO: msantill@uisd.net Page Total \$4,095.00  
 Remarks \_\_\_\_\_ Grand Total \$4,095.00

**L. MENCHACA** 8/6/18  
 Originator (PRINT) \_\_\_\_\_ Date  
*L. Menchaca* 8/06/18  
 Administrator Signature \_\_\_\_\_ Date

\_\_\_\_\_  
 Budget Coordinator Date  
 \_\_\_\_\_  
 Other Date



GameSalad, Inc.  
 6836 Austin Center Blvd Suite 165  
 Austin, TX 78731  
 1-844-837-8387  
[edu.gamesalad.com](http://edu.gamesalad.com)

QUOTATION

Prepared By Miguel Mejares  
 Title District Partnership Director  
 Email miguel@gamesalad.com

GameSalad Quote Number 2018-GSE00340  
 Created Date 8/3/2018  
 Expiration Date 9/28/2018

Prepared For:

UNITED ISD

Claudia Gabrillo

[cgabrillo@uisd.net](mailto:cgabrillo@uisd.net)

UNITED ISD

201 Lindenwood Drive  
 Laredo, TX  
 US

Product Code	Product	Product Description	List Price	Sales Price	Quantity Ordered	Total Price
GS0008.STUDENT	GameSalad for Education Student License - 1 Year Subscription	Licensing includes: Teacher Access, Curriculum, Professional Training (2 Hours Online), Tutorial & Image Assets	\$57.00	\$45.00	180	\$8,100.00

Subtotal \$8,100.00  
 Grand Total \$8,100.00  
 Currency US Dollars (USD)

Discounted from \$10,260 to \$8,100

This Quote may be purchased via Credit Card here:

<https://gamesalad.com/quote/0Q011000000r17x>

Email Purchase Orders to [education@gamesalad.com](mailto:education@gamesalad.com) or fax to: 1-844-837-8387

THANK YOU FOR YOUR BUSINESS



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: Transportation Dept

Director Campus Principal: Jose Aranda

Board Member: Ramiro Veliz

Board Member:

Description of Request: Employee is responsible and accountable for all the purchases to operate the South Compound operations.

Estimated Cost of Request: \$ 904.19

Principal or Director Signature: [Signature], Transp. Dir

Date:

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature:

Date:

SUPERINTENDENT APPROVAL: Yes No

Signature:

Date:

BOARD MEMBER APPROVAL: Yes [checked] No

Signature: Briselda V. Rodriguez for Mr. Ramiro Veliz, III

Date: 8/08/18

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**  
**Request for Travel Authorization and Payment within the State of Texas**  
 This form must be turned in two weeks prior to the travel date

Employee's Full Name: David Hernandez ID#/Vendor#: 12479 Date: 08.07.18  
 USD Email Address: davidh@uisd.net Phone # 956-473-6372 Home Address: 2040 Cochiti Drive 78045  
 Campus/Department #: Transportation Destination: South Padre Island Purpose of Trip: Timeline 2019  
 Departure Date\*: 09.26.18 Time: 12pm Return Date: 09.28.18 Time: 5pm

\*Note: Meal Allowances for same day travel (departing and returning on the same day) are taxable to the employee and allowance will be added to employees W2 Form as per IRS Code.

Itemized Meal Receipts are required for Federal/State Grants. Receipts are not required for Local Funds.  
 (Meals may not exceed \$22.50 or \$30 per day)

Same Day Travel or Departure (\$30 x 75%)	\$ <u>22.50</u> <b>\$22.50 max allowed</b>	Note: Original itemized receipts required upon return for Federal/State Grants Only. Max of 3 receipts per day. Receipts for Snacks and Groceries are unallowable	A) \$ <u>22.50</u>
Interim Travel Day(s) \$30 max allowed	\$ <u>1.00</u> X <u>30</u> QTY		B) \$ <u>30.00</u>
Return (\$30 x 75%)	\$ <u>22.50</u> <b>\$22.50 max allowed</b>		C) \$ <u>22.50</u>

GSA Report is required for processing travel request form. Room Rate May Not Exceed GSA Per Diem Rate.

Cost of Lodging:	\$ <u>93.00</u> X <u>2</u> X <u>1.00</u> =	D) \$ <u>186.00</u>
	(Room Rate) (# of Nights) (# of Rooms)	
City Tax:	\$ <u>186.00</u> X <u>9.00%</u> = (Exempt from State Tax)	E) \$ <u>16.74</u>
	(Cost of Lodging) (City Tax Rate)	
Cost of Lodging:	\$ _____ X _____ X _____ =	F) \$ _____
	(Room Rate) (# of Nights) (# of Rooms)	
City Tax:	\$ _____ X _____ = (Exempt from State Tax)	G) \$ _____
	(Cost of Lodging) (City Tax Rate)	

Sharing Room with: \_\_\_\_\_

(If Traveling with Students, Attach Form 890-011 )

Cost of Lodging for District Bus Driver:	\$ _____ X _____ = \$ _____ X _____	H) \$ _____
	(Room Rate) (# Of Nights) (Cost of Lodging) (City Tax Rate)	

Gas Allowance for Rented Vehicles (\$50 per day or \$100 for SUVs ). Itemized receipts required for settlement. I) \$ \_\_\_\_\_

Personal Vehicle:*	# <u>470</u> Total # Of Round Trip Miles X <u>\$0.535</u> Cents per Mile =	J) \$ <u>251.45</u>
	*(Attach directions from MapQuest.com/odometer readings are required for settlement)	

Misc Expenses:	\$ _____ X _____ =	K) \$ _____
	Description Amount # of Days/Occurrence	

Students Meals:*	X _____ X _____ =	L) \$ _____
	(# Students) (\$ Amt Per Student per day or per meal) # of Days	

Money Given to Students \_\_\_\_\_  
 Note: See Travel Instructions for Meal \$ Guidelines  
 \*Student Meal List Required- Form 726-005(A)  
 Sub-Total(1)\$ 529.19

Items Payable To Vendors	Rental / Buses / Airfare Fees :	Due Date: _____	(2) \$ _____
	Payable To: _____	Req/PO #: _____	
	Registration Fees/Entrance Fees	Due Date: _____	(3) \$ <u>375.00</u>
	Payable To: _____ ISM-RGV	Req/PO #: _____	
(1)+(2)+(3) = TOTAL FOR TRIP			\$ <u>904.19</u>

All employees shall be required to submit travel-related expense receipts within five (5) business days of their return from a District-related trip. An employee that fails to turn in their receipts for any travel-related expenses on two (2) separate occasions in a school/work year shall not be advanced any travel monies by the District on a subsequent District-related business trip and shall be required to submit a request for reimbursement of their travel-related expenses upon their return from the District-related business trip.

By signing this statement, I authorize the District to payroll deduct any unsubstantiated amounts. Please read statement immediately above.

Budget Codes must be completed by the appropriate personnel before travel request is approved.

Signature of Claimant [Signature] Date 08-08-18  
 Immediate Supervisor [Signature] Date \_\_\_\_\_

Fund Year	Func	Org	PIC	Local Option	Obj	Sub Obj	Total

Alternative Funding Source Approval \_\_\_\_\_ Date \_\_\_\_\_  
 Superintendent /Designee \_\_\_\_\_ Date \_\_\_\_\_  
 (Superintendent signature required on Out-of-State Trips)

Campus/Department

Approval for Teacher Staff Development Only. Request must be approved two weeks in advance & before registration for workshop is submitted.  
 Exe. Dir. of Elem./Sec.Ed./Sp.Ed. \_\_\_\_\_ Date \_\_\_\_\_

Business Office  
 For Business Office/Federal Funds Department Use Only  
 \_\_\_\_\_ Date \_\_\_\_\_



# UNITED INDEPENDENT SCHOOL DISTRICT

## PURCHASE REQUISITION

VENDOR NAME AND ADDRESS

**Institute for Supply Management-RGV ISM-RGV**

PO Box 2047

Brownsville, Texas 78522

Phone 956-266-2608

Campus Transportation Department Rm #

Date 08.07.18

Fund/YR	Func	Org	Prog. Code	Local Option	Proj. Num	Obj.	Sub Object	Amount

Budget Code

Account Code

Approval Code: \_\_\_\_\_ Discount: \_\_\_\_\_

Qty	Item	Description	Unit Price Per	Discounted Price Per	Extension Unit Total
		Registration for Timeline 2019			
1		David Hernadnez, Operations Administrator	\$375.00	\$375.00	\$375.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00
				\$0.00	\$0.00

Disposition: Check \_\_\_\_\_ Mail \_\_\_\_\_ PickUp \_\_\_\_\_ Fax \_\_\_\_\_ Page Total **\$375.00**  
 Remarks \_\_\_\_\_ Grand Total **\$375.00**

Original by (PRINT) \_\_\_\_\_ Date 08-08-18  
 Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Budget Coordinator \_\_\_\_\_ Date \_\_\_\_\_  
 Other \_\_\_\_\_ Date \_\_\_\_\_



Exhibit A

United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: A. Ruiz Elementary

Campus Principal: Michelle Cantu

Board Member: Rick Rodriguez

Board Member:

Description of Request: Supplies

Estimated Cost of Request: 3000.00

Principal or Director Signature: Michelle A Cantu Date: 8/8/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Griselda V. Rodriguez for Rick Rodriguez Date: 8/10/18

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 Purchase Requisition

Page \_\_\_\_ to \_\_\_\_

Vendor Name and Address

UISD Inventory

FUNDYR	FUNC.	ORG.	PROGRAM CODE	LOCAL OPTION	PROJECT NUMBER	SUB OBJECT	OBJECT	AMOUNT
1999	11	115	11	000	00	6399	30	3000.
				BUDGET CODE		ACCOUNT CODE		

Phone No: \_\_\_\_\_

Campus: A. RUIZ ELEM. Rm NO: \_\_\_\_\_

Date: \_\_\_\_\_

QTY	ITEM #	DESCRIPTION	UNITED PRICE WITH DISCOUNT	EXTENSION
1.	117	1245	Duplicating Paper /Supplies	3,000. <sup>00</sup>
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
0.				
1.				
2.				
3.				
4.				
5.				
6.				\$ 3,000. <sup>00</sup>

DISPOSITION:  Pick-up  Mail  Check  FAX# \_\_\_\_\_ PAGE TOTAL \_\_\_\_\_

REMARK: \_\_\_\_\_ GRAND TOTAL 3,000.<sup>00</sup>

Michelle A Cantu 8/8/17  
ORIGINATOR (PRINT)      TEACHER NAME      DATE

Michelle A Cantu 8/8/19  
ADMINISTRATOR SIGNATURE      DATE

\_\_\_\_\_  
BUDGET COORDINATOR      DATE

\_\_\_\_\_  
OTHER      DATE



United Independent School District
Board of Trustees Discretionary Funds Request Form
Fiscal Year 2018-2019

Requesting Campus: United High School

Campus Principal: Mr. Alberto Aleman

Board Member: Juan Roberto Ramirez

Board Member: Javier Montemayor

Description of Request: Funds will go towards supplies for the UHS Volleyball team

Estimated Cost of Request: \$3,000.00 (\$2000.00-J. Montemayor & \$1000.00-Juan R. Ramirez)

Principal or Director Signature: Alberto Aleman Date: 08/10/18

ASSOCIATE SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

SUPERINTENDENT APPROVAL: Yes No

Signature: Date:

BOARD MEMBER APPROVAL: Yes No

Signature: Griselda E. Rodriguez for Juan R. Ramirez Date: 8-10-18

BOARD MEMBER APPROVAL: Yes No

Signature: Griselda E. Rodriguez for Javier Montemayor Date: 8-10-18

BOARD APPROVAL DATE:

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