



UNITED INDEPENDENT SCHOOL DISTRICT AGENDA ACTION ITEM

TOPIC Approval of Requests from Board Members in re: Use of Board of Trustees Discretionary
Funds for Various Projects/Campuses

SUBMITTED BY: Javier Montemayor **OF:** Board President

APPROVED FOR TRANSMITTAL TO SCHOOL BOARD: December 17, 2014

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 for Various Projects/Campuses.

RATIONALE:

BUDGETARY INFORMATION:

BOARD POLICY REFERENCE AND COMPLIANCE:



Exhibit A

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

Requesting Campus: Lyndon B. Johnson / C.I.S. Club

Campus Principal: Armando Salazar

Board Member: Ramiro Veliz Jr. III - Dist. 4

Board Member: _____

Description of Request: For students cap / Gowns - 2014-2015

Estimated Cost of Request \$1,500.00 Dollars

Principal or Director Signature: [Signature] Date 12/5/14

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.



Exhibit A

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

Requesting Campus: United South High School

Campus Principal: Adriana P. Ramirez

Board Member: Ramiro Veliz

Board Member: _____

Description of Request: To support Class of 2017 funds for future fundraisers. Plan
Is to fund Prom and to leave a gift to the campus.

Goal – New cafeteria sound system

Estimated Cost of Request \$ 2500.00

Principal or Director Signature: Adriana Ramirez Date 12-3-14

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.