



Student Activity Cheer/Dance Training

2011-2012

presented by

Accounting Department

Student Activity Accounting Staff



In this presentation will review the sponsors' responsibilities and expectations, as well as the forms and procedures to be used for Student Activity Accounts



Sponsor Forms

All club sponsors and anyone dealing with student activity funds should fill out the following forms:



Conflict of Interest Disclosure

CONFLICT OF INTEREST DISCLOSURE

1. Do you or someone in your immediate family (as defined by DEC local policy) own a business or have an interest in a business that has a vendor relationship with United Independent School District? **Yes** _____ **No** _____

Name of business and relationship: _____

IF YES, PLEASE COMPLETE THE AFFIDAVIT: DISCLOSURE OF SUBSTANTIAL INTEREST IN A BUSINESS ENTITY.

2. Do you or someone in your immediate family (as defined by DEC local policy) have an interest in real property for which it is reasonably foreseeable that the UISD Board's action might have a special economic effect on the value of the property distinguishable from its effect on the public? **Yes** _____ **No** _____

IF YES, PLEASE COMPLETE THE AFFIDAVIT: DISCLOSURE OF INTEREST IN REAL PROPERTY.

3. Have you ever accepted from a vendor any gift, favor, service or other benefit with a retail value of more than \$25.00 this year?

If yes, explain circumstances and disclose name of vendor _____

4. If you answered "Yes" to question number 3, did you report the gratuities to your supervisor within 72 hours? **Yes** _____ **No** _____

If no, please explain _____

I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE RECEIVED A COPY OF POLICY DBD- CONFLICT OF INTEREST (LEGAL AND LOCAL) OR AT LEAST HAVE BEEN MADE AWARE OF THE POLICY. I AM AWARE THAT I SHOULD DISCLOSE TO THE SUPERINTENDENT OR DESIGNEE ANY SITUATION THAT INVOLVES A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST THAT MAY ARISE DURING THE YEAR.

Employee Signature **Position/Campus or Dept.** **Date**

NOTE: Failure to complete this form will prevent the employee from being authorized to initiate and/or approve any purchases within the United Independent School District.

Reviewed by Supervisor **Authorized by Purchasing Director**

IF YOU ANSWERED YES TO QUESTIONS #1 OR #2, AN ADDITIONAL DISCLOSURE FORM MUST BE COMPLETED.

Responsibilities of Faculty Sponsors of Student Groups



RESPONSIBILITIES OF FACULTY SPONSORS OF STUDENT GROUPS

The purpose of collecting or raising and expending of funds by student groups is for the direct benefit of the students. Funds are to be used to finance activities which supplement the educational curriculum of the District. Fund raising activities will contribute to the educational experience of the pupils and will not conflict with the instructional program. Money raised by student groups and organizations is held by the school as trustee. The faculty sponsor of a student club or group is responsible for maintaining adequate financial records as evidence of proper custodianship of money received by and disbursed from club accounts.

I hereby acknowledge that I have read the UISD Campus and Student Activity Funds Sponsors' Manual and that I am responsible for complying with it. In particular, I acknowledge that:

1. All fund raising activities will be approved in advance by the principal by using the designated form.
2. I am responsible for both safeguarding and accounting for funds received from and/or on behalf of students.
3. Student activity money will be turned into the office daily in the same form in which it was received.
4. At the completion of all fund raisers, the Final Report Section of the "Application/Report for Fund Raising Activity" will be completed and submitted to the principal for approval.
5. All purchases made on behalf of the student organization will be made by check and approved in advance by the principal by using the "Check Request Form."
6. In general, no purchases will be made "on account." Exceptions to the rule will be pre-approved in writing by the principal.
7. I will maintain a positive balance in my organization's account at all times.

I understand that I will be held responsible for student activity funds entrusted to me and that I will reimburse the student organization for any money (or property purchased with student activity money) which is lost due to carelessness, fraud, or theft due to carelessness.

Sponsor's Signature

Date

Printed Name

Student Group

Sponsor Information Sheet



SPONSOR INFORMATION SHEET

SPONSOR NAME: _____ CLUB: _____

CAMPUS: _____ Do you work at this campus? Y or N

If NO, what campus do you work for? _____

CONTACT INFORMATION:

The following information will be used to communicate with you regarding your student activity account. The e-mail address that you provide should be one that you check on a regular basis even if it is not a U.I.S.D. account. The daytime phone number should be one that we can use to contact you should it become necessary.

_____ May we contact you at this number? Y or N

If Yes, when would be the best time to call? _____

Use the following space to provide us with additional information that you feel we should have, such as a cellular phone number that we can contact you at and/or your planning period time, etc.



Please provide a home or cell phone number

A fundraiser application must be filled out and turned in prior to any fundraising.

No merchandise may be ordered before this form is approved

Fundraisers must be closed within two weeks.

A number will be assigned to the fundraiser, this number must accompany any check request or deposit breakdown pertaining to that fundraiser.



APPLICATION/FINAL REPORT FOR FUND RAISING ACTIVITY

CAMPUS _____

CLUB: _____

SPONSOR: _____

Tax Free Sales Day: ? Yes ? No

Date Requested: 1st Choice _____

If yes, 1st or 2nd Tax Free Day? _____

2nd Choice _____

Type of Activity	Source of Merchandise	Purpose of Funds	Goal (\$)

? APPROVED ? NOT APPROVED

Date Scheduled: _____

Sponsor's Signature/Date _____

Principal's Signature/Date _____

Bookkeeper's Signature/Date _____

FINAL REPORT

SUMMARY

DEPOSITS			EXPENSES			
DATE	RECEIPT #	AMOUNT	DATE	CHECK #	PAID TO	AMOUNT
TOTAL					TOTAL	

NET PROFIT (Total of deposit - expenses): _____

Principal's Signature/Date _____

Bookkeeper's Signature/Date _____

Incentives given to students must have prior approval by the Principal and documented.

If this merchandise is part of the inventory of a fund raising activity, you must attach a copy of this form to the **“Final Report.”**

When giving merchandise as incentives, limit the amount of incentives to 15% or less of total inventory. Limiting the incentives will increase the chance of profit from the fundraiser.



INCENTIVES REQUEST/APPROVAL

SECTION A - REQUEST/APPROVAL

Campus: _____ Date: _____

Club: _____ Sponsor: _____

Purpose: _____

Is this merchandise left over from a fundraising activity? Yes No

If yes*, specify which fundraiser, and the date held: _____

* Attach a copy of this form to the appropriate fund raiser "Final Report" and count this as an expense.

LIST ITEMS REQUESTED BELOW:

QUANTITY	PRICE PER ITEM	DESCRIPTION (i.e. ice cream, t-shirts, etc.)	TOTAL

APPROVED: Yes No Principal's Signature: _____


SECTION B - STUDENT SIGNATURES

	Name	Item Received	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

---Please attach a separate sheet of paper if more room is necessary.---

- A deposit breakdown form is used when funds are being deposited into the accounts.
- Money must be counted and listed on the form before the funds are turned in to the secretary. Only when the secretary confirms the amount a receipt will be issued.
- Deposits should be made on a daily basis in the same form the funds are received. Never use cash collected to make purchases.
- Do not keep money overnight, you are responsible for those funds until you have a receipt from your secretary. Post-dated checks should not be accepted.





DEPOSIT BREAKDOWN FORM

UPDATED
FORM

Campus _____ Account _____ Fundraiser No. _____ Source of Money _____ Date _____	FOR OFFICE USE Date Sent to Bank _____ Amount _____ Receipt # _____ Bag # _____
--	--

Bills			Rolled Coins			Loose Coins		
	Qty	Amount		Qty	Amount		Qty	Amount
\$1	_____	_____	1¢	_____	_____	1¢	_____	_____
\$5	_____	_____	5¢	_____	_____	5¢	_____	_____
\$10	_____	_____	10¢	_____	_____	10¢	_____	_____
\$20	_____	_____	25¢	_____	_____	25¢	_____	_____
\$50	_____	_____	50¢	_____	_____	50¢	_____	_____
\$100	_____	_____	\$1	_____	_____	\$1	_____	_____
Total Bills: _____			Total Bills: _____			Total Bills: _____		

CHECKS (list of attach copies)					
CHECK#	NAME	AMOUNT	CHECK#	NAME	AMOUNT
Total Checks					

CURRENCY TOTAL	_____		
COIN TOTAL	_____		
LOOSE COINS	_____		
CHECK TOTAL (attach tape)	_____	Sponsor Signature	Date
TOTAL DEPOSIT	_____	Deposit Received by	Date

A-10
U.I.S.D. FORM 901-018
Revised 8/10

Deposits Cont.



Do not commingle your deposits from different sources. For example:

- Uniforms
- Fundraisers
- Camping
- Uncollected Items from different events.
- NSF Checks
- Donations
- Change from a check



All of the above mentioned require individual deposits.

Receiving of Funds

Use triplicate receipts

- First copy goes to purchaser
- Second goes to secretary/bookkeeper
- Third is kept for your records.

All three copies of your receipts need to be included in your receipt book when a receipt has been voided.

Voided receipts need to be marked as “VOID” and should be kept in your booklet for accounting purposes.





MONEY COLLECTED FROM STUDENTS

CAMPUS: _____

SPONSOR: _____
Print Name

CLUB: _____

DATE: _____ ROOM #: _____

PURPOSE: _____

A Money Collected From Students form is used when collecting funds from students for a field trip, pictures, uniforms, etc.

The total amount collected must equal the amount on the deposit breakdown form.

All monies collected must be documented and deposited into the school account on a daily basis regardless of the amount.

	STUDENT NAME	AMOUNT	STUDENT SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			

TOTAL COLLECTED: \$ _____ RECEIPT NUMBER: _____


Sponsor Signature/Date

Bookkeeper Signature/Date



- A check request form must be filled out and approved in advance before turning it in to the secretary/bookkeeper.
- Be sure that there is money in your account to cover the expense.
- Forms need to be completely filled out.
- Receipts are due no later than five days after the check is picked up.
- Person picking up check is responsible for bringing back the receipt.
- Please do not turn in a check request at the last minute. It does take time to process a check and get signatures.
- Checks should be printed only on Tuesdays & Thursdays.





CHECK REQUEST FORM

This form is to be submitted to the Bookkeeper by the appropriate sponsor with the invoice and/or receipt. Every section must be complete and purpose of expenditure clearly stated so that the campus administrator can consider approval of the request. Unapproved requests will be returned to the sponsor. This request will not be approved if there are insufficient funds in your club account to cover the amount of the request. Request must be submitted by 10:00 a.m. on Tuesday for check pick-up on Wednesday or Thursday for check pick-up on Friday, unless otherwise specified.

UPDATED
FORM

Section 1
 Campus: _____
 Pay to: _____
 Mailing Address: _____

 Mail-out: _____

Is payee a district employee: Yes No

Section 2

Is the expense from a Campus Activity Fund? Yes No *If No, go to Section 3*

If yes, is this a District approved vendor? Yes No *If Yes, go to Section 3*

[Please note that you must use an approved vendor if one exists for this expense.]

If No, all checks issued from unapproved vendors must abide by the following procurement guidelines:
 Less than \$1000 one quote must be provided [attach quote]
 \$1000-\$9999 three quotes must be provided and choose best value [attach quotes]
 \$10000-\$24999 request for competitive quotations through Purchasing
 Greater than \$25000 will require formal bids/proposals which require Board approval.

Section 3
 Club to be charged: _____ Invoice #: _____
 Fundraiser No. _____
 Purpose of expenditure: _____

By signing this statement, I authorize the District to payroll deduct any unsubstantiated amounts. Unsubstantiated amounts include, but are not limited to, those for which a receipt has not been provided. Receipts must be provided within five (5) working days from the date a check is issued.

Sponsor Printed Name

Club Sponsor Signature

Club Treasurer/Officer Signature
(Student Activity Funds Only)

Balance in account before this check:

APPROVED: Yes No

Principal/Administrator Signature

Date

FOR OFFICE USE ONLY

Signature of Person Picking Up Check _____ Date _____

Bookkeeper Signature _____ Date _____

CHECK NO. _____

Difference recorded on Receipt/Check # _____ Amount _____ Date _____

Outstanding Invoices

- **All invoices that are questionable or will be paid off in a series of payments must be reviewed by campus bookkeeper and approved by the principal.**
- **All invoices must be received by campus bookkeeper and not the teacher/sponsor.**
- **Registration forms are not considered to be invoices.**





Accounting For Cheerleader Uniforms

- Obtain a written commitment from parents when students will be required to purchase any type of merchandise.
- Collect uniform and camp fees well ahead of time before activity commences.
- Make sure you pay sales tax and collect sales tax if students will keep uniforms.
- Cheerleader Spreadsheet template must be used to keep track of balance due.
- An option when buying uniforms is for the student and/or parent to contact vendor directly.

(Please note that student may not receive the same price given to the total club members as a whole.)

The internal audit department will require all cheerleader sponsors to submit yearly questionnaire and/or Cheerleader Spreadsheet template through out the year to ensure that nothing remains outstanding with your club.

Organized

Being organized will help you in:

- knowing exactly how much funds you have raised and how much you are spending
- preventing the misplacement of important information.
- being prepared for an audit
- the transfer of responsibilities from one sponsor to the other.




- This form needs to be completed and submitted by originator and approved by the proper administrators. Student Activity Clubs only require signature of Principal, Sponsor, and Fine Arts if Fine Arts related club. Form needs to be submitted at least four weeks in advance before services are rendered.

- Do not enter any type of contract regardless of amount until services are approved.

Safe Practices:

- Ensure you are not being overcharged
- Ensure that the person providing services has good references
- Once approved you may now fill out the Contract for Services form.

- **For any questions please contact the Fine Arts Dept. if Fine Arts related at Ext. 7121**



**UNITED INDEPENDENT SCHOOL DISTRICT
REQUEST FOR CONSULTANT SERVICES**

Please complete this form and attach it to the Contract for Professional Services at least two weeks prior to hiring the consultant. If consultant's fee is more than the maximum authorized amount per day (Bachelor - \$500.00, Master - \$600.00, Doctorate - \$1,500.00), the Superintendent's approval is required below.

Services	Campus/Department: _____															
	Consultant: _____ Address / City / State / Zip Code _____															
	Services to be rendered: _____															
	Credentials (attach degree, expertise, etc.): _____															
	Date(s) of Service: _____ Time/Place of Service: _____ Audience/Number of Employees to be trained: _____ Reason for hiring this consultant: _____															
Certification of Criminal History Record																
Has the Consultant completed a Certification of Criminal History Record Information Form? (726-001A) Yes <input type="checkbox"/> No <input type="checkbox"/>																
If Yes, attach a copy to this form and proceed with request.																
If No, request for Consultant Services will not be processed.																
Fees	Consultant's Fee: \$ _____ per _____ not to exceed \$ _____															
	Travel Reimbursement (based on UISD guidelines): Yes <input type="checkbox"/> No <input type="checkbox"/> Estimated \$ _____															
	Additional fees, if any, i.e. materials \$ _____															
Budget Code: <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">Fund:</td> <td style="width: 20px;">Fund</td> <td style="width: 20px;">Obj</td> <td style="width: 20px;">Program Code</td> <td style="width: 20px;">Line/Obj</td> <td style="width: 20px;">Open</td> <td style="width: 20px;">Balance</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			Fund:	Fund	Obj	Program Code	Line/Obj	Open	Balance							
Fund:	Fund	Obj	Program Code	Line/Obj	Open	Balance										
Other Comments: _____																
Approvals	Originator's Signature _____ Date _____															
	Campus / Dept. Administrator's Approval _____ Date _____															
	Director of Staff Development _____ Date _____ Approved _____ Not Approved _____															
Assoc. Supt./Asst. Supt./Executive Director _____ Date _____																
Approval for amounts in excess of maximum allowed: _____																
Superintendent's Signature _____ Date _____																

UISD FORM 126-001
Revised 10/2017

- When payments for contracted services are to be made to non-employees it is necessary to complete this form before the services are rendered.

- **Note: Do not have any consultant sign this form until the Request for Consultant form has been approved.**



**UNITED INDEPENDENT SCHOOL DISTRICT
CONTRACT FOR PROFESSIONAL SERVICES**

FUND/YR	FUNC	ORG	PROGRAM CODE	LOCAL OPTION	OBJECT	SUB OBJECT	AMOUNT

Pay to: _____
(NAME)

_____ (ADDRESS)

_____ (CITY) _____ (STATE) _____ (ZIP)

(Check will be mailed to payee.)

This contract and agreement is made and entered into by and between the United Independent School District, referred to herein as "District," and referred to herein as "Consultant(s)." The parties have severally and collectively agreed and by the execution hereof are bound to the mutual obligations and to the performance and accomplishment of the tasks hereinafter described:

Date(s) of Service: _____ Description of Services: _____

Consultant shall provide professional services, consultation, and expertise to the District for use and benefit of public education in Texas. The District shall pay to Consultant a fee of \$ _____ per _____ not to exceed \$ _____. Fees will be paid based on invoice(s) submitted by consultant which should include Date of Service and Description of Services. Travel will _____ or will not _____ be reimbursed. All travel reimbursements will be based on the District's travel guidelines provided that itemized receipts are submitted.

Note: This is not a complete contract unless accompanied by an approved "Request for Consultant Services" form.

All information, materials, or products developed pursuant to this contract shall be the property of the District if the information, materials, and products are specifically developed by Consultant for District, and the District incurs charges for the development of said products Consultant shall not assert any claims at common law or in equity or establish any claim to statutory copyright in such materials or make any reproduction of said materials without the prior written permission of the District.

This contract in all its particulars is subject to all Federal and Texas State Laws, rules, and regulations pertaining to the contract project, including but not limited to Titles VI and VII of the Civil Rights Act of 1964, as amended; and Title IX of the Education Amendments of 1972, as amended; and recourse to judicial action shall be in the Courts of the State of Texas to the exclusion of all other courts. The district certifies that there is no conflict of interest in hiring this consultant and that this service could not have been provided by an employee within the district.

If an extension of this Agreement is mutually agreed upon, the parties to this Agreement will execute another Agreement to set the terms and conditions. In the event of termination for cause or for convenience of this Agreement by District or Consultant, compensation shall be prorated on the basis of hours actually worked and Consultant shall only be entitled to receive just and equitable compensation for any satisfactory work completed and expenses incurred up to the date of termination. In the event that Consultant is terminated for cause or for convenience, Consultant will be provided three(3) days notice before being terminated by the District. District or Consultant may terminate this Agreement prior to the commencement of the Consultant Services for cause or for convenience, in which case, Consultant shall not be entitled to any compensation. Consultant may not assign this contract to a third party without the written consent of the District, Consultant is not an employee of the District, and is not entitled to any benefits. District shall not deduct Federal income taxes, FICA, Social Security, or any other taxes required to be deducted by an employer, as this is the responsibility of Consultant. Consultant is subject to the policies, directives, rules, and procedures of the Board of Trustees, Administration and Supervisory Personnel, and is subject to the laws of the State of Texas and of the United States, now and as may be thereafter in place.

Approved and accepted by Consultant(s) this _____ day of _____, 20____.

Consultant(s) Signature: _____ S.S. Number / Employer Identification Number: _____.

Approved and accepted by the United Independent School District this _____ day of _____, 20____ Originator's Signature: _____

Signature of Administrator/Principal

Date

FOR ACCOUNTING DEPARTMENT USE ONLY			
_____	_____	_____	_____
<small>Budget Coordinator</small>	<small>Date</small>	<small>Accounting Department</small>	<small>Date</small>

All vendors are required to submit a W-9 to Secretary/Bookkeeper

All vendors should be paid with a UISD check.

No reimbursements will be issued if paid out of pocket.

This information is necessary for filing 1099'S at the end of the year

Note: The accounting software will not allow a transaction to be processed without proper Tax ID information.



W-9 Request for Taxpayer Identification Number and Certification

Form (Rev. January 2010) Department of the Treasury Internal Revenue Service

Give form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/ Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.) Requester's name and address (optional)
 City, state, and ZIP code
 United Independent School District
 Attn: Felipe Jimenez
 201 Lindenwood Dr, Laredo, TX 78045

List account number(s) here (optional) Fax: (956) 473-8403

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

or

Employer identification number

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this Certification, but you must provide your correct TIN. (See the Instructions on page 4.)

Sign Here Signature of U.S. person Date

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.



PTC, Booster Club, others...

- Booster Clubs should obtain their own Tax ID Number and Officers
- They should never use the District's Tax Identification Number (even to get a discount!)
- If this is an issue, have them donate the funds to the campus and the campus can make the necessary purchase from our accounts
- All donated fixed assets should be tagged in accordance to District procedures.



Record Retention

- All of the accounting records related to the Student Activity and Campus/Principal's Accounts, including, but not limited to, all bank statements and related cancelled or voided checks, all validated deposit slips, all receipts, all reports and journals will be retained for a period of seven (7) years following the end of each fiscal year on August 31. At least the three most current years must be kept at the campus. All other files can be sent to Records Management with a detailed description of the file contents.

Conclusion

- Plan ahead of time
- File all forms
- Communicate with parents and administrators
- Spend the money wisely



Contact Information

Samuel D. Flores
Director of Accounting
Central Office
E-mail: sflores@uisd.net
Phone: (956)473-6368

Mario Gonzalez
Activity Funds Accountant
Central Office
E-mail: mgonza91@uisd.net
Phone: (956)473-6432

Esmeralda V. Gonzalez
Sr. Bookkeeper
United High School
E-mail: egonzal01@uisd.net
Campus Phone: (956)473-5636

Tina Gonzalez
Sr. Bookkeeper
J.B. Alexander High School
E-mail: vgonzal@uisd.net
Campus Phone: (956)473-5971

Eira Contreras
Sr. Bookkeeper
L.B. Johnson High School
E-mail: econt23@uisd.net
Campus Phone: (956)473-5209

Coral Perez
Sr. Bookkeeper
United South High School
E-mail: cperez@uisd.net
Campus Phone: (956)473-2326

