

CELLULAR PHONE REQUEST FORM - W.1.2
HIDALGO COUNTY, TEXAS

(1) Type of Request:
 Cellular Service Allowance (STIPEND) Equipment Replacement
 County Owned Department Assigned Cellular Service Name Change
 Delete Service
 Other wireless device: Data card GPS Blackberry Other:

STIPEND ONLY:

(2) Requesting employee/position: _____
 Department #: _____ Employee ID #: _____ Office: _____

(3) Type of duties:
 Offsite duties On-call duties Law Enforcement / Emergency Response Other: _____


(4) Describe how the use of this cell phone will benefit the county: _____

COUNTY OWNED CELL PHONE ONLY:

(5) TOTAL AMOUNT OF PURCHASE ORDER: (Purchase Order must cover total for fiscal year. Please allow an additional \$10-\$15 per device for fees)
 Quantity: _____
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -532
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662
 Requisition Total: _____ Requisition Number: _____

DATA CARDS, GPS or OTHER

(6) Requesting employee/position: PAT MEDINA, EXECUTIVE ADMINISTRATIVE ASSISTANT
 Department #: 280 Employee ID #: 111945 Office: SHERIFF'S
 Service: \$ 55.00 /mo (x) 8 months = \$440.00 Account: 9-1100-421-00-280-001-0- -532
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662
 Requisition Total: \$479.92 Requisition Number: _____

(7) Elected Official/Department Head Authorization for Request:
 EXE. ADM. ASSISTANT 05/13/2009
 Signature Print Name Date

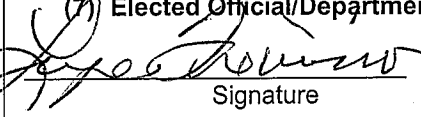
(8) Executive Office Authorization (Commissioner's Court Departments Only):

 Signature Print Name Date

(9) IT DEPARTMENT ONLY:
 Service Type Codes: _____

Commissioner's Court Action:
 Approved Date: _____ Disapproved

CELLULAR PHONE REQUEST FORM - W.1.2
HIDALGO COUNTY, TEXAS

<p>(1) Type of Request:</p> <input type="checkbox"/> Cellular Service Allowance (STIPEND) <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> County Owned Department Assigned Cellular Service <input type="checkbox"/> Name Change <input type="checkbox"/> Delete Service <input type="checkbox"/> Other wireless device: <input checked="" type="checkbox"/> Data card <input type="checkbox"/> GPS <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:		
STIPEND ONLY:		
<p>(2) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____</p>		
<p>(3) Type of duties: <input type="checkbox"/> Offsite duties <input type="checkbox"/> On-call duties <input type="checkbox"/> Law Enforcement / Emergency Response <input type="checkbox"/> Other: _____</p>		
<p>(4) Describe how the use of this cell phone will benefit the county: _____ _____</p>		
COUNTY OWNED CELL PHONE ONLY:		
<p>(5) TOTAL AMOUNT OF PURCHASE ORDER: (Purchase Order must cover total for fiscal year. Please allow an additional \$10-\$15 per device for fees)</p>		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	-532
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	-662
Requisition Total: _____	Requisition Number: _____	
DATA CARDS, GPS or OTHER		
<p>(6) Requesting employee/position: <u>GUADALUPE "LUPE" TREVINO, SHERIFF</u></p>		
Department #: <u>280</u>	Employee ID #: <u>022144</u>	Office: <u>SHERIFF'S</u>
Service: \$ <u>55.00</u> /mo (x) <u>8</u> months = \$440.00	Account: _____	<u>9-1100-421-00-280-001-0-</u> -532
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	-662
Requisition Total: <u>\$479.92</u>	Requisition Number: _____	
<p>(7) Elected Official/Department Head Authorization for Request:</p>		
 Signature	<u>SHERIFF</u> Print Name	<u>05/13/2009</u> Date
<p>(8) Executive Office Authorization (Commissioner's Court Departments Only):</p>		
_____	_____	_____
Signature	Print Name	Date
<p>(9) IT DEPARTMENT ONLY:</p>		
Service Type Codes: _____		

Commissioner's Court Action:

Approved Date: _____ Disapproved