

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: Insuring Continuity of duties, access to mobile E-mail & web plan.

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: _____ ~~\$470.00~~ ^{285.00}
 Service: \$ 55.00 /mo (x) 7 months = \$0.00 Account: 9-1100-422-10-300-001-0-532
 Service: \$ 55.00 /mo (x) 7 months = ~~\$0.00~~ ^{385.00} Account: 9-1100-422-10-300-001-0-532
 Requisition Total: 770.00 Requisition Number: 00155183

DATA CARDS, GPS or OTHER

(6) Requesting employee/position: Tommy West
 Department #: _____ Employee ID #: _____ Office: _____
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -532
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662
 Requisition Total: _____ Requisition Number: _____

(7) Elected Official/Department Head Authorization for Request:
[Signature] Juan Martinez 5/29/09
 Signature Print Name Date

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

 Signature Print Name Date

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

Email & Web Plan Basic

Commissioner's Court Action:

Approved Date: _____ Disapproved