

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

(1) Type of Request:
 Cellular Service Allowance (STIPEND)
 County Owned Department Assigned Cellular Service
 Equipment Replacement
 Name Change
 Delete Service
 Other wireless device: Data card GPS Blackberry Other: Existing line 328-9129
 (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: \$ 885 /mo (x) 7 months = \$6195 Account: 9-1100-429-00-300-123-0-532
 Service: \$ 505.95 /mo (x) 1 months = \$505.95 Account: _____
 Requisition Total: 505.95 Requisition Number: 156554
 (6) Requesting employee/position: _____
 Department #: _____ Employee ID #: _____ Office: _____
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____
 Requisition Total: _____ Requisition Number: _____
 (7) Elected Official/Department Head Authorization for Request:
 Signature: A. A. Tony Pera, Jr. Print Name: _____
 Date: 6-8-09
 (8) Executive Office Authorization (Commissioner's Court Departments Only):
 Signature: _____ Print Name: Valde Guerra
 Date: 6/8/09
 (9) IT DEPARTMENT ONLY:
 Service Type Codes: 662-532
 Commissioner's Court Action: _____ Approved Date: _____ Approved Disapproved
 6/12/09

Requisition

Req # 00156554

PO #

Date: 06/08/09

Bill To:

x
x

Ship To:

EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Contact:

B. ALVAREZ
956-318-2615

Vendor:

210501

SPRINT

P O BOX 660092

DALLAS TX 75266-0092

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
7.00	MONTH	DIVISION OF EMERGENCY SERVICES-EMERGENCY MANAGEMENT DO NOT DUPLICATE ORDER SPRINT BUSINESS ESSENTIALS 1000 MINUTES WITH TEXT AND DATA FOR MARIO BETANCOURT (956) 328-9129 @ \$69.30 PER MONTH AND SPRINT BLACKBERRY ENTERPRISE SERVICE @ \$11.55 PER MONTH Account No 9-1100-429-00-300-023-0-532	80.85	565.95
		Encumbrance	565.95	
		Freight		.00
		Total		565.95
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By:

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

(1) Type of Request:
 Cellular Service Allowance (STIPEND)
 County Owned Department Assigned Cellular Service
 Equipment Replacement
 Name Change

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

(3) Type of duties:
 On-call duties Offsite 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: \$885 /mo (x) 7 months = \$6195 Account: 9-1100-429-00-30-013-0-532
 Service: \$565.95 /mo (x) 1 months = \$565.95 Account: _____
 Requisition Total: 565.95 Requisition Number: 156373

DATA CARDS, GPS or OTHER

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

(7) Elected Official/Department Head Authorization for Request:
 Signature: A.A. Tony [Signature]
 Print Name: A.A. Tony [Signature]
 Date: 6-8-09

(8) Executive Office Authorization (Commissioner's Court Departments Only):
 Signature: [Signature]
 Print Name: Valde Guerra
 Date: 6/8/09

(9) IT DEPARTMENT ONLY:
 Service Type Codes: [Redacted]

Commissioner's Court Action: Approved Date: _____ Disapproved

BE 1000 w/ TXT? DATA \$69.30 + \$11.55 BES / mo.

6/12/09

Revised: 04/08/2009

Existing line 227-5914

Req # 00156373

Requisition

PO #

Date: 06/04/09

Bill To: X X

Ship To: EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Contact: Mellizondo
956-318-2615

Vendor : 210501

SPRINT
P O BOX 660092
DALLAS TX 75266-0092

Contract No:
Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
7.00	MONTH	WITH OPTION TO INCREASE P.O. AS NEEDED. DO NOT DUPLICATE ORDER SPRINT BUSINESS ESSENTIALS 1000 MINUTES WITH TEXT AND DATA FOR BRENDA GARZA, (956) 227-5914 @ \$69.30 PER MONTH AND SPRINT BLACKBERRY ENTERPRISE SERVICE @ \$11.55 PER MONTH Account No 9-1100-429-00-300-023-0-532	80.85	565.95
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		Encumbrance	565.95	
		Freight		.00
		Total		565.95

Authorized By: _____

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

(1) Type of Request:
 County Owned Department Assigned Cellular Service
 Cellular Service Allowance (STIPEND)
 Equipment Replacement
 Name Change

(2) Requesting employee/position:
 Department #: _____ Employee ID #: _____ Office: _____
STIPEND ONLY:
 Other wireless device: Data card GPS Blackberry Other: existing line 720-2105

(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: 1
 Service: \$ 805 /mo (x) 1 months = \$ 805
 Account: 9-1100-429-00-300-0230
 Service: \$ _____ /mo (x) _____ months = \$0.00
 Account: _____
 Requisition Total: 805.95
 Requisition Number: 156551

DATA CARDS, GPS or OTHER
 (6) Requesting employee/position:
 Department #: _____ Employee ID #: _____ Office: _____
 Service: \$ _____ /mo (x) _____ months = \$0.00
 Account: _____
 Service: \$ _____ /mo (x) _____ months = \$0.00
 Account: _____
 Requisition Total: _____
 Requisition Number: _____

(7) Elected Official/Department Head Authorization for Request:
 Signature: A.A. Tony Pena, Jr.
 Print Name: _____
 Date: 6-8-09

(8) Executive Office Authorization (Commissioner's Court Departments Only):
 Signature: [Signature]
 Print Name: Valde Guerra
 Date: 6/8/09

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

Commissioner's Court Action: Approved Date: _____ Disapproved
BE 1000 "TEXT DATA + EES
6/12/09

Reg # 00156551

Requisition

PO #
Date: 06/08/09

Bill To: x
x

Ship To: EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Contact: B. ALVAREZ
956-318-2615

Contract No:
Special Instructions:

Vendor: 210501
SPRINT
P O BOX 660092
DALLAS TX 75266-0092

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
7.00	MONTH	DIVISION OF EMERGENCY SERVICES-EMERGENCY MANAGEMENT DO NOT DUPLICATE ORDER SPRINT BUSINESS ESSENTIALS 100 MINUTES WITH TEXT AND DATA FOR BELINDA ALVAREZ (956) 720-2165 @ \$69.30 PER MONTH AND SPRINT BLACKBERRY ENTERPRISE SERVICE @ \$11.55 PER MONTH Account No 9-1100-429-00-300-023-0-532	80.85	565.95
			Encumbrance	565.95
			Freight	.00
			Total	565.95
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

Req # 00156556

Requisition

PO #
Date: 06/08/09

Bill To: X
X

Ship To: EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Contact: B. ALVAREZ
956-318-2615

Contract No:
Special Instructions:

Vendor: 210501
SPRINT
P O BOX 660092
DALLAS TX 75266-0092

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
7.00	MONTH	DIVISION OF EMERGENCY SERVICES-EMERGENCY MANAGEMENT DO NOT DUPLICATE ORDER SPRINT BUSINESS ESSENTIALS 100 MINUTES WITH TEXT AND DATA FOR ROLANDO BENAVIDES (956) 457-1080 @ \$69.30 PER MONTH AND SPRINT BLACKBERRY ENTERPRISE SERVICE @ \$11.55 PER MONTH Account No 9-1100-429-00-300-023-0-532	80.85	565.95
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		Encumbrance	565.95	
		Freight		.00
		Total		565.95

Authorized By: _____

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

EQUIP ONLY

(1) Type of Request:
 Cellular Service Allowance (STIPEND)
 County Owned Department Assigned Cellular Service
 Delete Service
 Equipment Replacement
 Name Change

(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: 4
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -532
 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -532
 Requisition Total: _____ Requisition Number: 156305

DATA CARDS, GPS or OTHER
 (6) Requesting employee/position:
 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: A. A. Terry, Jr.
 Print Name: A. A. Terry, Jr.
 Date: 6-8-09

(8) Executive Office Authorization (Commissioner's Court Departments Only):
 Signature: _____
 Print Name: Valde Guerra
 Date: 6/8/09

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

Commissioner's Court Action: _____
 Approved Date: _____
 Disapproved

Req # 00156365

Requisition

PO #
Date: 06/04/09

Bill To:

Ship To: EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Vendor: 210501
SPRINT
P O BOX 660092
DALLAS TX 75266-0092

Contact:

Contract No:
Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
4.00	EACH	DO NOT DUPLICATE ORDER RIM BLACKBERRY 8350 PHONES TO REPLACE OLD PHONES FOR MARIO BETANCOURT, ROLANDO BENVEDES, BELINDA ALVAREZ, AND BRENDA GARZA, Pending Commissioners Court approval DISCOUNT: 199.96 Account No 9-1100-429-00-300-023-0-619	149.99	400.00
			Encumbrance	
			400.00	
			Freight	.00
			Total	400.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

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

(1) Type of Request:
 Cellular Service Allowance (STIPEND)
 County Owned Department Assigned Cellular Service
 Equipment Replacement
 Name Change
 Delete Service
 Other wireless device: Data card GPS Blackberry Other: Keyring line 393-1848

(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: \$ 49.30 /mo (x) 7 months = \$ 485.10
 Account: 9-1100-422-10-300-001-0-532
 Service: \$ _____ /mo (x) _____ months = \$0.00
 Account: _____
 Requisition Total: 485.10
 Requisition Number: 155783

DATA CARDS, GPS or OTHER

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

(7) Elected Official/Department Head Authorization for Request:
 Signature: A.A. Tony Pena, Jr.
 Print Name: A.A. Tony Pena, Jr.
 Date: 6/18/09

(8) Executive Office Authorization (Commissioner's Court Departments Only):
 Signature: Valde Guerra
 Print Name: Valde Guerra
 Date: 6/18/09

(9) IT DEPARTMENT ONLY:
 Service Type Codes: BE1000 w/TKT & DATA \$69.30 m
6/12/09
 Approved Date: _____
 Disapproved

Requisition

Req # 00155783

PO #

Date: 05/27/09

Bill To: x

x

Ship To:

EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Contact:

Vendor :

210501

SPRINT

P O BOX 660092

DALLAS TX 75266-0092

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
7.00	MONTH	DO NOT DUPLICATE ORDER Sprint Business Essentials w/Text & Data for Javier Garcia, Deputy Fire Marshal, Cell 956-393-1848. Pending Commissioners' Court approval in accordance with Hidalgo County Cellular Phone Policy. Account No 9-1100-422-10-300-001-0-532	69.30	485.10
			Encumbrance	
			485.10	
			Freight	.00
			Total	485.10
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

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

(1) Type of Request:
 Cellular Service Allowance (STIPEND)
 County Owned Department Assigned Cellular Service
 Equipment Replacement
 Name Change

(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) 7 months = \$510 Account: 9-1100-422-10-300-001-0-532
 Service: \$ /mo (x) 1 months = \$0.00 Account: _____
 Requisition Total: 485.10
 Requisition Number: 155788

DATA CARDS, GPS or OTHER

(6) Requesting employee/position: _____
 Department #: _____
 Employee ID #: _____
 Office: _____
 Service: \$ /mo (x) 1 months = \$0.00 Account: -532
 Service: \$ /mo (x) 1 months = \$0.00 Account: -662
 Requisition Total: _____
 Requisition Number: _____

(7) Elected Official/Department Head Authorization for Request:
 Signature: A. A. Terry, Jr.
 Print Name: A. A. Terry, Jr.
 Date: 6-8-09

(8) Executive Office Authorization (Commissioner's Court Departments Only):
 Signature: [Signature]
 Print Name: Valde Guerra
 Date: 6/8/09

(9) IT DEPARTMENT ONLY:
 Service Type Codes: [Redacted]

Commissioner's Court Action: Approved Date: _____ Disapproved

BE 1000 - (TXT) DATA \$69.30 mo
 6/12/09

Authorized By: _____

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
7.00	MONTH	DO NOT DUPLICATE ORDER Sprint Business Essentials w/Text & Data for Marco Romero, Deputy Fire Marshal, Cell 956-289-3873. Pending Commissioners' Court approval in accordance with Hidalgo County Phone Policy. Account No 9-1100-422-10-300-001-0-532	69.30	485.10
			Encumbrance	
			485.10	
			Freight	
			Total	485.10

Contract No:
Special Instructions:

Contact: Yolanda Orozco
956-318-2656

Ship To: EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Vendor : 210501
SPRINT
P O BOX 660092
DALLAS TX 75266-0092

Bill To: × ×

Date: 05/27/09

PO #

Req # 00155788

Requisition

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

(1) Type of Request:
 Cellular Service Allowance (STIPEND)
 County Owned Department Assigned Cellular Service
 Equipment Replacement
 Name Change
 Delete Service

(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 = \$ _____
 Account: 9-100-422-10-300-201-0
 Service: \$ _____ /mo (x) 7 months = \$ _____
 Account: 485-10
 Requisition Total: 485-10
 Requisition Number: 155782

DATA CARDS, GPS or OTHER

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

(7) Elected Official/Department Head Authorization for Request:
 Signature: A. A. Terry, Jr.
 Print Name: A. A. Terry, Jr.
 Date: 6-8-09

(8) Executive Office Authorization (Commissioner's Court Departments Only):
 Signature: [Signature]
 Print Name: Valde Guerra
 Date: 6/8/09

(9) IT DEPARTMENT ONLY:
 Service Type Codes: [Redacted]

Commissioner's Court Action: Approved Date: _____ Disapproved _____

Revised: 04/08/2009

BE 1000 w/ text? Data \$ 69.30/m

6/12/09

* Existing line 281-8507

Requisition

Req # 00155782

PO #

Date: 05/27/09

Bill To: X

X

Ship To:

EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Contact:

Vendor :

210501

SPRINT

P O BOX 660092

DALLAS TX 75266-0092

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
7.00	MONTH	DO NOT DUPLICATE ORDER Sprint Business Essentials 1000 w/Text & data for Wesley Bradley, Deputy Fire Marshal, Cell 956-289-3857. Pending Commissioners' Court approval in accordance with Hidalgo County Cellular Phone Policy. Account No 9-1100-422-10-300-001-0-532	69.30	485.10
			Encumbrance	
			485.10	
			Freight	
			Total	485.10
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

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

(1) Type of Request:

- Cellular Service Allowance (STIPEND)
- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Name Change
- Delete Service

- Other wireless device: Data card GPS Blackberry Other: existing line 239-180

(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: 1

Service: \$ 1930 /mo (x) 7 months = \$ 13510
Account: 9-1100-4aa-10-30-001-0

Service: \$ _____ /mo (x) _____ months = \$0.00
Account: _____

Requisition Total: 485.10
Requisition Number: 155742

DATA CARDS, GPS or OTHER

(6) Requesting employee/position: _____

Department #: _____ Employee ID #: _____ Office: _____

Service: \$ _____ /mo (x) _____ months = \$0.00
Account: _____

Service: \$ _____ /mo (x) _____ months = \$0.00
Account: _____

Requisition Total: _____
Requisition Number: _____

(7) Elected Official/Department Head Authorization for Request:
Signature: A.A. Tompkins
Print Name: A.A. Tompkins, Jr.
Date: 6-8-09

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

Signature: _____
Print Name: Valde Guerra
Date: 6/8/09

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

Commissioner's Court Action: Approved Date: _____ Disapproved
BE 1000 w/ TXT ? DATA \$69.30 mo (23% allowed) (included) @ 12/09

Req # 00155742

Requisition

Date: 05/27/09

PO #

Bill To: x x

Ship To: EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Contact: Yolanda Orozco
956-318-2656

Contract No:
Special Instructions:

Vendor: 210501
SPRINT
P O BOX 660092
DALLAS TX 75266-0092

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
7.00	MONTH	DO NOT DUPLICATE ORDER Sprint Business Essentials 1000 w/Text & Data for Juan Martinez, Chief Deputy Fire Marshal, Cell 956-239-1180. Pending Commissioners' Court approval in accordance with Hidalgo County Cellular Phone Policy. Account No 9-1100-422-10-300-001-0-532	69.30	485.10
			Encumbrance	
			485.10	
			Freight	
			Total	485.10
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

Commissioner's Court Action: Approved Disapproved

6/12/09

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

(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: _____ -532

Requisition Total: 400.00 Requisition Number: 150418

(6) Requesting employee/position: _____ 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: _____ Print Name: A. A. Tony Pena, Jr. Date: 6-8-09

(8) Executive Office Authorization (Commissioner's Court Departments Only): _____ Signature: _____ Print Name: Valde Guerra Date: 6/8/09

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

EQUIPMENT ONLY

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

Requisition

Req # 00156418

PO #

Date: 06/04/09

Bill To: *

*

Ship To:

EMERGENCY SERVICES
100 E CANO, 2ND FLOOR
EDINBURG TX 78539

Contact:

Yolanda Orozco
956-318-2656

Contract No:

Special Instructions:

Vendor: 210501

SPRINT
P O BOX 660092
DALLAS TX 75266-0092

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
4.00	EACH	DO NOT DUPLICATE ORDER RIM Blackberry 83501 to upgrade cell phones for: 956-239-1180 Juan Martinez, 956-289-3857 Wesley Bradley, 956-289-3873 Marco Romero and 956-393-1848 Javier Garcia. (\$149.99 - Discount \$49.00 = \$100.00) Account No 9-1100-422-10-300-001-0-619	100.00	400.00
			Encumbrance	
			400.00	
			Freight	.00
			Total	400.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____