

**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: Norma L. Longoria / 2009 Ford E350SD - LP#1061949  
 Department #: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Office: WIC  
 Service: \$ 26.17 /mo (x) 5 months = \$130.85 Account: \_\_\_\_\_ 9-1292-441-00-350-001-9-532  
 Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \$0.00 Account: \_\_\_\_\_ -662  
 Requisition Total: \$392.55 Requisition Number: 155601

(7) Elected Official/Department Head Authorization for Request:  
Norma L Longoria Signature Norma L Longoria Print Name 6/16/09 Date

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

(9) IT DEPARTMENT ONLY:  
 Service Type Codes: \_\_\_\_\_

Commissioner's Court Action:  
 Approved Date: \_\_\_\_\_  Disapproved

**RECEIVED** Revised: 04/08/2009  
 OFFICE OF EXECUTIVE OFFICER  
 ON: 6/18/09 BY: [Signature]

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Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \$0.00 Account: \_\_\_\_\_ -662

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

**DATA CARDS, GPS or OTHER**

(6) Requesting employee/position: Norma L. Longoria / 1999 Chev. Astro Van - LP#754-603

Department #: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Office: WIC

Service: \$ 26.17 /mo (x) 5 months = \$130.85 Account: \_\_\_\_\_ 9-1292-441-00-350-001-9 -532

Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \$0.00 Account: \_\_\_\_\_ -662

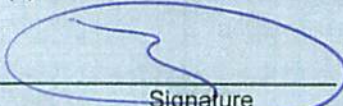
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*Norma L Longoria* Norma L Longoria 6/16/09

Signature Print Name Date

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

 Valde Guerra 4/18/09

Signature Print Name Date

(9) IT DEPARTMENT ONLY:

Service Type Codes: \_\_\_\_\_

Commissioner's Court Action:

Approved Date: \_\_\_\_\_  Disapproved



