
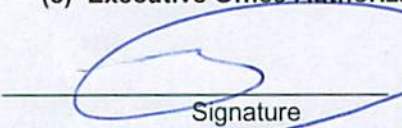


CELLULAR PHONE REQUEST FORM - W.1.2

HIDALGO COUNTY, TEXAS

AF 16251

(1) Type of Request: <input type="checkbox"/> Cellular Service Allowance (STIPEND) <input type="checkbox"/> Equipment Replacement <input checked="" 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 type="checkbox"/> Data card <input type="checkbox"/> GPS <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:		
STIPEND ONLY:		
(2) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____		
(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: _____		
(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: <u>1</u>		
Service: \$ <u>46.19</u> /mo (x) <u>6</u> months = <u>\$277.14</u>	Account: <u>9-1284-421-00-280-063-0-532</u>	
Service: \$ _____ /mo (x) _____ months = <u>\$0.00</u>	Account: _____ -662	
Requisition Total: <u>\$300.00</u>	Requisition Number: _____	
DATA CARDS, GPS or OTHER		
(6) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____		
Service: \$ _____ /mo (x) _____ months = <u>\$0.00</u>	Account: _____ -532	
Service: \$ _____ /mo (x) _____ months = <u>\$0.00</u>	Account: _____ -662	
Requisition Total: _____	Requisition Number: _____	
(7) Elected Official/Department Head Authorization for Request:  <u>GUADALUPE TREVINO</u> <u>06/29/2009</u> Signature Print Name Date		
(8) Executive Office Authorization (Commissioner's Court Departments Only):  <u>Valde Guerra</u> <u>6/30/09</u> Signature Print Name Date		
(9) IT DEPARTMENT ONLY: Service Type Codes: _____		

Commissioner's Court Action:

Approved Date: _____ Disapproved

RECEIVED
 OFFICE OF EXECUTIVE OFFICER
 ON: 6/30/09 Revised: 04/08/2009 