

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: 9

Service: \$ 326.34 /mo (x) 3 months = \$979.02 Account: 9-1100-414-00-130-001-0-532

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

Requisition Total: \$979.02 Requisition Number: 162968

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:

 YVONNE RAMON 9-23-09
 Signature Print Name Date

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

 VALDE GUERRA 9-23-09
 Signature Print Name Date

(9) IT DEPARTMENT ONLY:

Service Type Codes: Qty 9 : 500 Min pool plan w/penny suspend. FREE pantech C570 handsets

Commissioner's Court Action:

Approved Date: _____ Disapproved