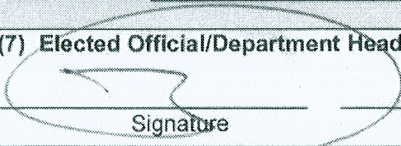
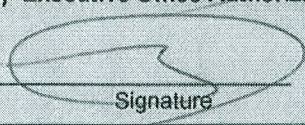


CELLULAR PHONE REQUEST FORM - W.1.2
HIDALGO COUNTY, TEXAS

(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>55.00</u> /mo (x) <u>3</u> months = \$ <u>165.00</u>	Account: _____	<u>9-1100-419-40-220-001-0-532</u>
Service: \$ _____ /mo (x) _____ months = \$ <u>0.00</u>	Account: _____	<u>-662</u>
Requisition Total: \$ <u>165.00</u>	Requisition Number: <u>163619</u>	
DATA CARDS, GPS or OTHER		
(6) Requesting employee/position: _____		
Department #:	Employee ID #:	Office: _____
Service: \$ _____ /mo (x) _____ months = \$ <u>0.00</u>	Account: _____	<u>-532</u>
Service: \$ _____ /mo (x) _____ months = \$ <u>0.00</u>	Account: _____	<u>-662</u>
Requisition Total: _____	Requisition Number: _____	
(7) Elected Official/Department Head Authorization for Request:		
	Valde Guerra	10/02/2009
Signature	Print Name	Date
(8) Executive Office Authorization (Commissioner's Court Departments Only):		
	Valde Guerra	10/02/2009
Signature	Print Name	Date
(9) IT DEPARTMENT ONLY:		
Service Type Codes: <u>BE 1000</u>		

Commissioner's Court Action:

Approved Date: _____ Disapproved

Requisition

Req # 00163619

PO #

Date: 10/02/09

Bill To: x
x

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

Ship To: FACILITIES MANAGEMENT DEPARTMENT
3100 S. BUSINESS HWY 281
EDINBURG TX 78539

Contact: ALMA
956-289-7851

Contract No:

Special Instructions:
REQ 1198

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
3.00	MONTH	CONTRACT # HGAC-CW05-02 DO NOT DUPLICATE ORDER NEW ACTIVATION SERVICE FOR CELL PHONE FOR 'RICK SUNDAY' FOR PERIOD 10-2-09--01-16-2010 Account No 9-1100-419-40-220-001-0-532	55.00	165.00
			<u>Encumbrance</u>	
			165.00	
			Freight	.00
			Total	165.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____