

**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: \_\_\_\_\_

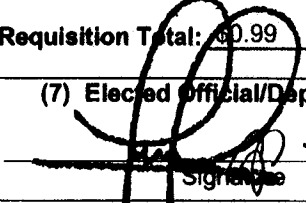
(4) Describe how the use of this cell phone will benefit the county: \_\_\_\_\_  
 \_\_\_\_\_


**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: Stan Ramos 956-207-9883  
 Department #: 200      Employee ID #: \_\_\_\_\_      Office: Info. Tech.  
 Service: \$ 0.99 /mo (x) 1 months = \$0.99      Account: 9-1100-415-00-200-001-0-619  
 Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \$0.00      Account: \_\_\_\_\_ -662  
 Requisition Total: 0.99      Requisition Number: 166661

(7) Elected Official/Department Head Authorization for Request:  
 \_\_\_\_\_      Renan Ramirez      12/19/09  
 Signature      Print Name      Date

(8) Executive Office Authorization (Commissioner's Court Departments Only):  
 \_\_\_\_\_      Valde Guerra      12/11/09  
 Signature      Print Name      Date

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

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

# Requisition

**Req # 00166661**

**PO #**

**Date: 12/02/09**

**Bill To:**   x  
                  x

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

**Ship To:** INFORMATION TECHNOLOGY DEPARTMENT  
100 E. CANO, 4TH FLOOR  
EDINBURG TX 78540

**Contact:**   **GRISELDA**  
                  **956-292-7010**

**Contract No:**

**Special Instructions:**

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	EACH	HGAC CW05-02 / I.T. DEPT. DO NOT DUPLICATE ORDER BLACKBERRY TOUR 9630 REPLACING STAN RAMOS' CELL PHONE (956)207-9883 Account No 9-1100-415-00-200-001-0-619  REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	.99  Encumbrance  .99  Freight  Total	.99         .00  .99

**Authorized By:** \_\_\_\_\_