

CELLULAR PHONE REQUEST FORM - W.1.2

HIDALGO COUNTY, TEXAS

292.6089

(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: on call after hours  
due to road safety

---

**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: 1

Service: \$ 27.50 /mo (x) 1 months = ~~\$0.00~~ <sup>27.50</sup> Account: 9-1100-419-50-115-0598-532

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

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

---

**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:

[Signature] Roy Quintanilha 12/7/09  
Signature Print Name Date

---

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

[Signature] Valde Guerra 12/14/09  
Signature Print Name Date

---

(9) IT DEPARTMENT ONLY:

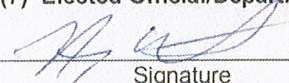
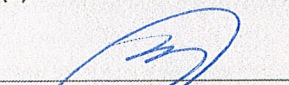
Service Type Codes: Packet \$25.00 Mo Plan / Unlimited Talk, Text & US Long Distance.

Commissioner's Court Action:

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

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

289.9924

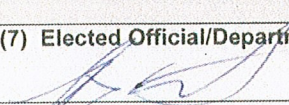

(1) Type of Request: <input type="checkbox"/> Cellular Service Allowance (STIPEND) <span style="float:right"><input type="checkbox"/> Equipment Replacement</span> <input checked="" type="checkbox"/> County Owned Department Assigned Cellular Service <span style="float:right"><input type="checkbox"/> Name Change</span> <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:		
<b>STIPEND ONLY:</b>		
(2) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____		
(3) Type of duties: <input checked="" type="checkbox"/> Offsite duties <input checked="" 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: <u>on call after hours due to road safety issues.</u>		
<b>COUNTY OWNED CELL PHONE ONLY:</b>		
(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>27.50</u> /mo (x) <u>1</u> months = <del>\$0.00</del> <u>27.50</u>	Account: <u>9.1100.419.50.115.059.0</u>	<u>-532</u>
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	<u>-662</u>
Requisition Total: _____		Requisition Number: _____
<b>DATA CARDS, GPS or OTHER</b>		
(6) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____		
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	<u>-532</u>
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	<u>-662</u>
Requisition Total: _____		Requisition Number: _____
(7) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">                       Signature                 </div> <div style="text-align: center;"> <u>Roy Quintanilha</u>                      Print Name                 </div> <div style="text-align: center;"> <u>12/7/09</u>                      Date                 </div> </div>		
(8) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">                       Signature                 </div> <div style="text-align: center;"> <u>Valde Guerra</u>                      Print Name                 </div> <div style="text-align: center;"> <u>12/14/09</u>                      Date                 </div> </div>		
(9) IT DEPARTMENT ONLY: Service Type Codes: <u>Pocket \$25 Mo. Plan/Unlimited Talk, Text &amp; US Long Dist.</u>		

**Commissioner's Court Action:**

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

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

292-6034

(1) Type of Request: <input type="checkbox"/> Cellular Service Allowance (STIPEND) <span style="float:right"><input type="checkbox"/> Equipment Replacement</span> <input checked="" type="checkbox"/> County Owned Department Assigned Cellular Service <span style="float:right"><input type="checkbox"/> Name Change</span> <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:		
<b>STIPEND ONLY:</b>		
(2) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____		
(3) Type of duties: <input checked="" type="checkbox"/> Offsite duties <input checked="" 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: <u>on call after hours due to road safety</u>		
<b>COUNTY OWNED CELL PHONE ONLY:</b>		
(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>27.50</u> /mo (x) <u>1</u> months = <u>27.50</u>	Account: <u>9-1100-419.50-115-059.0</u>	<u>-532</u>
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	<u>-662</u>
<b>Requisition Total:</b> _____	<b>Requisition Number:</b> _____	
<b>DATA CARDS, GPS or OTHER</b>		
(6) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____		
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	<u>-532</u>
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	<u>-662</u>
<b>Requisition Total:</b> _____	<b>Requisition Number:</b> _____	
(7) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">                       Signature                 </div> <div style="text-align: center;"> <u>Roy Quintanilha</u>                      Print Name                 </div> <div style="text-align: center;"> <u>12/7/09</u>                      Date                 </div> </div>		
(8) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">                       Signature                 </div> <div style="text-align: center;"> <u>Valde Guerra</u>                      Print Name                 </div> <div style="text-align: center;"> <u>12/14/09</u>                      Date                 </div> </div>		
(9) IT DEPARTMENT ONLY: Service Type Codes: <u>Pocket \$25. No Plan/Unlimited Talk, Text &amp; US Long Dist</u>		

Commissioner's Court Action:

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

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

292.6275

(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: in call after hours due to road safety

---

**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: 1

Service: \$ 27.50 /mo (x) 1 months = 27.50 Account: 9-1100-419-30-115-059-0 -532

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

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

---

**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:

[Signature] Roy Quintanilha 12/7/09  
 Signature Print Name Date

---

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

[Signature] Valde Guerra 12/14/09  
 Signature Print Name Date

---

(9) IT DEPARTMENT ONLY:

Service Type Codes: Packet \$25 Mo. Plan / Unlimited Talk, Text & US Long Distance

Commissioner's Court Action:

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