# CELLULAR PHONE REQUEST FORM - W.1.3

HIDALGO COUNTY, TEXAS

(1) Type of Request:

☐ County Owned Department Assigned Cellular Service

☐ Equipment Replacement

☐ Delete Service

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee:_____ Signature:_____

Quantity:_____

Service: $_____/mo (x) ____ months = _____ Account:_____-**532**

Service: $_____/mo (x) ____ months = _____ Account:_____-**619/664**

**Requisition Total:_____ Requisition Number:_____**

**(3) Elected Official/Department Head Authorization for Request:**

_____ _____ _____

Signature Print Name Date

**(4) Executive Office Authorization:**

_____ _____ _____

Signature Print Name Date

**(5) IT DEPARTMENT ONLY:**

**Service Type Codes:**

☐ **___POCKET $25 Month Plan / Unlimited Talk, Text & US Long Distance_____** **-or-**

☐ **___SPRINT BE1000 Plan $55/Month + Options:_____**

**Commissioner's Court Action:** **Commissioner's Court Date:** _____

☐ **Approved Date:** _____ ☐ **Disapproved**

*Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: http://www.irs.gov/govt/fslg/article/0,,id=167154,00.html, EXAMPLE 2.*