

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: JEFF C. RIVIERA RIGHT OF WAY DIRECTOR / G.I.S. ANALYST PCI 1

Department #: R&B Employee ID #: 112158 Office: 1(956) 968-8733 6th fl

Service: \$ 55. /mo (x) 12 months = ~~\$660.00~~ Account: 0-1201-431-00-121-004-0 -532

Service: \$ 99.99 /mo (x) 1 months = ~~\$99.99~~ Account: 0-1201-431-00-121-004-0 -601

Requisition Total: 209.99 Requisition Number: 1108099

(7) Elected Official/Department Head Authorization for Request:

Lorie Ochoa Lorie Ochoa 12/28/09

Signature Print Name Date

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

 Signature Print Name Date

(9) IT DEPARTMENT ONLY:

Service Type Codes: 4

Commissioner's Court Action:

Approved Date: _____ Disapproved