

**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:

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**STIPEND ONLY:**

(2) Requesting employee/position: \_\_\_\_\_

Department #: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Office: \_\_\_\_\_

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(3) Type of duties:

Offsite duties  On-call duties  Law Enforcement / Emergency Response  Other: \_\_\_\_\_

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

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**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: 4

Service: \$ 35.74 /mo (x) 12 months = \$ 1,740.48 Account: 0-1100-414-00-130-001-0- -532

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

Requisition Total: \$1,740.48 Requisition Number: 169211

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**DATA CARDS, GPS or OTHER**

(6) Requesting employee/position: \_\_\_\_\_

Department #: \_\_\_\_\_ Employee ID #: \_\_\_\_\_ Office: \_\_\_\_\_

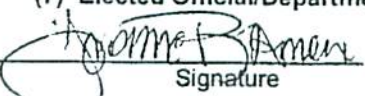
Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -532

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

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


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

 \_\_\_\_\_ Yvonne Ramon \_\_\_\_\_ 12/22/2009 \_\_\_\_\_  
 Signature Print Name Date

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

 \_\_\_\_\_ Valde Guerra \_\_\_\_\_ 1/29/10 \_\_\_\_\_  
 Signature Print Name Date

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(9) IT DEPARTMENT ONLY:

Service Type Codes: \_\_\_\_\_

Commissioner's Court Action:

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