



WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

County Owned Department Assigned Cellular Service

Equipment Replacement

Delete Service

COUNTY OWNED / ASSIGNED CELL PHONE:

(2) Requesting employee: Alfonso / 1950-319-9981 Employee ID# 13/A Signature: [Signature]

DEPARTMENT: Boat Camp DEPT # 530

Quantity: 1

Service: \$ 25 /mo (x) 12 months = \$300 Account ID: 695-423-00-380-020 582

Service: \$ 55 /mo (x) 1 months = \$55 Account ID: 1045-423-00-350-020 610/004

Request Total: \$355 Requisition Number: _____

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

[Signature] Signature Richard Carr Print Name 22 Jan 10 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 + \$2.50/Mo Taxes & Fees -or-

SPRINT BE1900 Plan \$55/Month + Options + \$5.00/Mo Taxes & Fees

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

Approved Date: _____ Disapproved

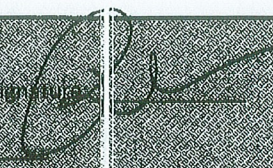
I understand that the value of the use of the wireless device(s) will be included in the wages of the employee that is assigned a county phone and the employee will be liable for the taxes incurred by the cost of this device(s).

WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

County Owned Department Assigned Cellular Service
 Equipment Replacement
 Delete Service

COUNTY OWNED / ASSIGNED CELL PHONE

(2) Requesting Employee: Cliff Lee Employee ID# 146-719-4195 Signature: 

DEPARTMENT: Public Dept Camp DEPT # 370

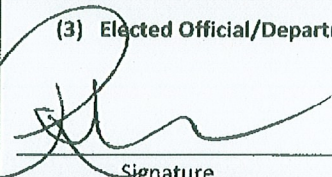
Quantity: 1

Service: 25 /mo (x) 12 months \$300 Account: 0-7295-923-00-300

Service: 25 /mo (x) 1 months \$33 Account: 0-7295-923-00-300

Requisition Total: \$333 Requisition Number: _____

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

 Richard Barea Stephen
 Signature Print Name Date

(4) Executive Office Authorization:

 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

ROCKET 525 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or-
 SPRINT B1000 Plan \$55/Month - Options: \$5.00/Mo Taxes & Fees

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

Approved Date: _____ Disapproved

I understand that the value of the use of the wireless device(s) will be included in the wages of the employee that is assigned a county phone and the employee will be liable for the taxes incurred by the cost of this device(s).