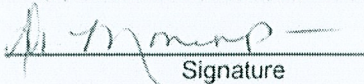
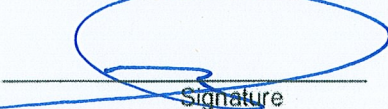


**CELLULAR PHONE REQUEST FORM - W.1.2**  
**HIDALGO COUNTY, TEXAS**

(1) Type of Request: <input type="checkbox"/> Cellular Service Allowance (STIPEND) <span style="float:right;"><input type="checkbox"/> Equipment Replacement</span> <input type="checkbox"/> County Owned Department Assigned Cellular Service <span style="float:right;"><input checked="" type="checkbox"/> Name Change</span> <input type="checkbox"/> Delete Service <input type="checkbox"/> Other wireless device: <input checked="" 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 type="checkbox"/> Offsite duties <input 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: _____ _____		
<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: _____		
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	-532
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	-662
Requisition Total: _____	Requisition Number: _____	
<b>DATA CARDS, GPS or OTHER</b>		
(6) Requesting employee/position: <u>Mona Parras, Chief Administrator</u>		
Department #: <u>123</u> Employee ID #: _____ Office: <u>Pct #3</u>		
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	9-1203-431-00-123-004-0 -532
Service: \$ _____ /mo (x) _____ months = \$0.00	Account: _____	-662
Requisition Total: _____	Requisition Number: _____	
(7) Elected Official/Department Head Authorization for Request:		
 Signature	<u>Dr. Mona R. Parras</u> Print Name	<u>11-12-09</u> Date
(8) Executive Office Authorization (Commissioner's Court Departments Only):		
 Signature	<u>Valde Guerra</u> Print Name	<u>12/10/09</u> Date
(9) IT DEPARTMENT ONLY: Service Type Codes: _____		

Commissioner's Court Action:  
 Approved Date: \_\_\_\_\_  Disapproved