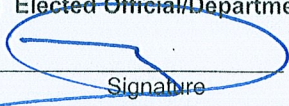
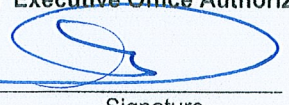


**CELLULAR PHONE REQUEST FORM - W.1.2**  
**HIDALGO COUNTY, TEXAS**

(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 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
<b>Requisition Total:</b> _____	<b>Requisition Number:</b> _____	
<b>DATA CARDS, GPS or OTHER</b>		
(6) Requesting employee/position: <u>Richard Sunday (956) 225-8733</u> Department #: _____ Employee ID #: <u>175781</u> Office: <u>Facilities Mgt.</u> Service: \$ <u>55.00</u> /mo (x) <u>12</u> months = \$ <u>660.00</u> Account: _____ <u>9-1100-419-40-220-001-0</u> -532 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662 <b>Requisition Total:</b> \$ _____ <b>Requisition Number:</b> _____		
(7) <del>Elected Official/</del> Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                       Signature                 </div> <div style="text-align: center;"> <u>Valde Guerra</u>                      Print Name                 </div> <div style="text-align: center;"> <u>12/10/09</u>                      Date                 </div> </div>		
(8) <del>Executive Office</del> Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                       Signature                 </div> <div style="text-align: center;"> <u>Valde Guerra</u>                      Print Name                 </div> <div style="text-align: center;"> <u>12/10/09</u>                      Date                 </div> </div>		
(9) IT DEPARTMENT ONLY: Service Type Codes: _____		

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