



(1) Type of Request:

County Owned Department Assigned Cellular Service

Equipment Replacement

Delete Service

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Pablo Herrera Employee ID# 167991 Signature: Pablo Herrera

DEPARTMENT: Facilities Management DEPT #: 220

Quantity: 1

Service: \$ 25 /mo (x) 12 months = 300 Account: 0-1100-419 40-220-00-0-532

Service: \$ 35 /mo (x) 1 months = _____ Account: 0-1100-419 40-220-00-0-619/664

Requisition Total: _____ Requisition Number: 169547-169549

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

Richard M. Sunday Signature Richard M. Sunday Print Name 2/2/10 Date

(4) Executive Office Authorization:

[Signature] Signature Valde Guerra Print Name 2/3/10 Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

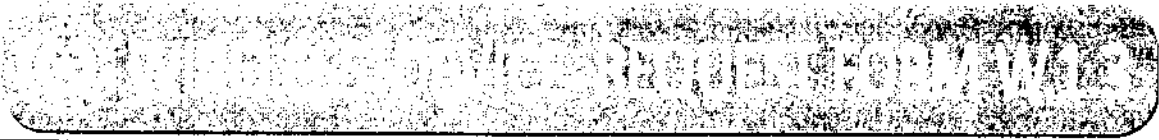
POCKET \$25 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or-

SPRINT BE1000 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).



(1) Type of Request:

County Owned Department Assigned Cellular Service

Equipment Replacement

Delete Service

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: David Penster Employee ID# 136087 Signature: [Signature]

DEPARTMENT: Facilities Management DEPT #: 220

Quantity: 1

Service: \$ 25 /mo (x) 12 months = 300.00 Account: 0-1100-41940-220-001-0--532

Service: \$ 35 /mo (x) 1 months = 35.00 Account: 0-1100-41940-220-001-0--619/664

Requisition Total: _____ Requisition Number: 169547 - 169549

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

[Signature] Richard M. Sunday 2/2/10
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 2/3/10
 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 BE1000 Plan \$55/Month + Options + \$5.00/Mo Taxes & Fees

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

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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).