

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: Staff Employee ID# _____ Signature: 950-457-1132
 DEPARTMENT: Purchasing DEPT #: _____

Quantity: 1

Service: \$ 21.50 /mo (x) 12 months = 336.00 Account: 0-1100-415-18-160-001-0-532
 Service: \$ 55.09 /mo (x) 1 months = 55.00 Account: 0-1100-415-18-160-001-0 (619)664

Requisition Total: _____ Requisition Number: _____

(3) Elected Official/Department Head Authorization Request: Martha I. Salazar
Ramon V. Velazquez Signature Ramon V. VELAZQUEZ Print Name 2-5-10 Date

(4) Executive Office Authorization:
[Signature] Signature Valde Guerra Print Name 2/9/10 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).

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: Staff Employee ID#: _____ Signature: 950-289-0752
 DEPARTMENT: Purchasing DEPT #: _____

Quantity: 1

Service: \$ 21.50 /mo (x) 12 months = 330.00 Account: 0-1100-415-18-160-001-0-532
 Service: \$ 55. /mo (x) 1 months = 55. Account: 0-1100-415-18-160-001-0-619/664

Requisition Total: _____ Requisition Number: _____

Requesting Official/Department Head Authorization: Martha J. Salazar
 Signature: _____ Print Name: Martha J. Salazar

Ramon V. Velazquez RAMON V. VELAZQUEZ 2-5-10
 Signature: _____ Print Name: _____ Date: _____

(4) Executive Office Authorization:

[Signature] YALDE GUERRA 2/9/10
 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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 Delete Service

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 DEPARTMENT: Purchasing DEPT #: _____

Quantity: 1

Service: \$ 21.50 /mo (x) 12 months = 330.00 Account: 0-1100-415-18-160-001-0-532
 Service: \$ 55. /mo (x) 1 months = 55.00 Account: 0-1100-415-18-160-001-0 (619/664)

Requisition Total: _____ Requisition Number: _____

(3) Executive Office/Department Head Authorization: Mantha Salazar Mantha Salazar

Ramon V. Velazquez RAMON V. VELA S.R. 2-5-10
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] YALDE GUERRA 2/9/10
 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: _____

Approved Date: _____ Disapproved

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 DEPARTMENT: Purchasing DEPT #: _____

Quantity: 1

Service: \$ 21.50 /mo (x) 12 months = 330.00 Account: 0-1100-415-18-160-001-0-532
 Service: \$ 55 /mo (x) 1 months = 55 Account: 0-1100-415-18-160-001-0-619/664

Requisition Total: _____ Requisition Number: _____

(3) Executive Office / Department Head Authorization: Months 1
Maria A. Salazar Salazar

Ramon V. Vela Sr RAMON V. VELA SR 2-5-10
 Signature Print Name Date

(4) Executive Office Authorization:
[Signature] YALDE GUERRA 2/9/10
 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: _____

Approved Date: _____ Disapproved

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COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Staff Employee ID# _____ Signature: _____
 DEPARTMENT: Purchasing DEPT #: _____

Quantity: 1

Service: \$ 21.50 /mo (x) 12 months = \$330.00 Account: 0-1100-415-18-160-001-0-.532
 Service: \$ 55 /mo (x) 1 months = 55 Account: 0-1100-415-18-160-001-0-619/564

Requisition Total: _____ Requisition Number: _____

Executive Office / Department Head Authorization Request: _____
Martha J. Salazar for Martha J. Salazar

Ramon V. Velazquez RAMON V. VELAZQUEZ 2-5-10
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] YALDE GUERRA 2/9/10
 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-
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