



# 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: \_\_\_\_\_ Employee ID# 019135 Signature: Domingo Villarreal Jr.  
 \_\_\_\_\_  
 Domingo Villarreal Jr.  
 DEPARTMENT: Hidalgo County Precinct 3 DEPT #: 123

Quantity: 1

Service: \$55.00/mo (x) 12 months = 660 Account: 0-1203-431-00-123-005-0 -532

Service: \$ \_\_\_\_\_/mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -619/664

Requisition Total: 6600.00 Requisition Number: 170942

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

[Signature] \_\_\_\_\_ 2/18/10  
 Signature Print Name 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 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).