



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

956-207-0406

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Yvonne Ramon Employee ID# 166626 Signature: [Signature]

DEPARTMENT: Elections DEPT #: 0130

Quantity: 1

Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -532

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature] YVONNE RAMON 03/15/10  
 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).*

# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

County Owned Department Assigned Cellular Service

Equipment Replacement

Delete Service

950-207-0454

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**COUNTY OWNED / ASSIGNED CELL PHONE:**

(2) Requesting Employee: Office Use Employee ID# 16626 Signature: *Yvonne Ramon*

DEPARTMENT: Elections DEPT #: 0130

Quantity: 1

Service: \$ \_\_\_\_\_ / mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -532

Service: \$ \_\_\_\_\_ / mo (x) \_\_\_\_\_ month \_\_\_\_\_ Account: \_\_\_\_\_ 619 664

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

*Yvonne Ramon* YVONNE RAMON 03/15/10

Signature Print Name Date

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(4) Executive Office Authorization:

\_\_\_\_\_  
Signature Print Name Date

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(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

056-207-0396

COUNTY OWNED / ASSIGNED CELL PHONE

(2) Requesting employee: Office Use Employee ID# 166626 Signature: [Signature]

DEPARTMENT: Elections DE # 0130

Quantity: 1

Service \$          / mo (x)          months =          Account:          -32

Service \$          / mo (x)          month =          account:          -619/64

Requisition Total:          Requisition Number:         

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

[Signature]

YVONNE RAMON

03/15/10

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).

# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

County Owned Department Assigned Cellular Service

Equipment Replacement

Delete Service

956.393-8134

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**COUNTY OWNED / ASSIGNED CELL PHONE:**

(2) Requesting employee: Office Use Employee ID# 166626 Signature: *Yvonne Ramon*

DEPARTMENT: Elections DEPT: 0130

Quantity: 1

Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ -532

Service: \$ \_\_\_\_\_ /mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_ 19/664

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

*Yvonne Ramon* YVONNE RAMON 03/15/10

Signature Print Name Date

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(4) Executive Office Authorization:

\_\_\_\_\_  
Signature Print Name Date

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(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

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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).*