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: OFFICE USE Employee ID# N/A Signature: OFFICE USE

DEPARTMENT: PLANNING DEPT #: 210

Quantity: 1

Service: $27.50/mo (x) 9 months = $247.50 Account: 10-1100-419-10-210-001-0--532

Service: $_____/mo (x) ____ months = _____ Account: _____-619/664

Requisition Total: $3,300.00 **Requisition Number:** 167864/P.O.#633540

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

Signature | RAUL E. SESIN (Print Name) | 03/18/10 (Date)

(4) Executive Office Authorization:

Signature | Valde Guerra (Print Name) | 3/18/10 (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).

Revised: 1/21/2009