



# 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: Jose A. Pedroza Employee ID# 140872 Signature: Working with  
 No Longer  
 County

DEPARTMENT: Planning DEPT #: 210

Quantity: 1

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

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

Requisition Total: \$247.50 Requisition Number: 167864/P.O.#633540

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

[Signature] Tomas J. Accedondo 3-12-10  
 Signature Print Name Date

**(4) Executive Office Authorization:**

[Signature] Valde Guerra 3/15/10  
 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

*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).*