



WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

956-279-5789

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Jaime Guerra Employee ID# 128295 Signature: [Signature]

DEPARTMENT: Hidalgo Co. Pct. #4 DEPT #: 124

Quantity: 1

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

Service: \$ 99 /mo (x) 1 months = -99 Account: 0-1204-431-00-124-007-0-619/664

Requisition Total: \$ 693 Requisition Number: 00172665

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

[Signature]
Signature

Oscar L. Garza JR
Print Name

3-23-2010
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

COUNTY OWNED / ASSIGNED CELL PHONE :

956-467-2617

(2) Requesting employee: Jimmy D. Anthony Employee ID# 140976 Signature: *Jimmy D. Anthony*

DEPARTMENT: Hidalgo Co. Pct #4 DEPT #: 124

Quantity: 1

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

Service: \$.99 /mo (x) 1 months = .99 Account: 0-1204-431-00-124-007-0- -619/664

Requisition Total: \$6.93 Requisition Number: 00192665

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

O.L. Garza Jr Oscar L. Garza JR 3-23-10
 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

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(1) Type of Request:

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

COUNTY OWNED / ASSIGNED CELL PHONE :

956-279-5865

(2) Requesting employee: Roberto Andrade Employee ID# 073083 Signature: [Signature]

DEPARTMENT: Hidalgo Co. Pct. #4 DEPT #: 124

Quantity: 1

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

Service: \$.99 /mo (x) 1 months = .99 Account: 0-1204-431-00-124-007-0--619/664

Requisition Total: \$6.93 Requisition Number: 00172665

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

[Signature] Oscar L. Garza JR. 3-23-2010
 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: _____

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WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

956-289-0977

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Gabriel H. Garza Employee ID# 158798 Signature: 

DEPARTMENT: Hidalgo Co. Pct. #4 DEPT #: 124

Quantity: 1

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

Service: \$.99 /mo (x) 1 months = .99 Account: 0-1204-431-00-124-007-0 -619/664

Requisition Total: \$6.93 Requisition Number: 00172665

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

O. L. Sawyer Jr.
Signature

Oscar L. Garza JR.
Print Name

3-23-2010
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

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(1) Type of Request:

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- Equipment Replacement
- Delete Service

COUNTY OWNED / ASSIGNED CELL PHONE :

956-330-9402

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

DEPARTMENT: Hidalgo Co. Pct. #4 DEPT #: 124

Quantity: 1

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

Service: \$ 99 /mo (x) 1 months = -99 Account: 0-1204-431-00-124-007-0 -619/664

Requisition Total: \$6.93 Requisition Number: 00172665

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

[Signature] Oscar L. Garza JR. 3-23-2010
 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-
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(1) Type of Request:

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- Equipment Replacement
- Delete Service

COUNTY OWNED / ASSIGNED CELL PHONE :

956-648-8733

(2) Requesting employee: Jorge L. Guerra Employee ID# 084069 Signature: [Signature]

DEPARTMENT: Hidalgo Co. Pct #4 DEPT #: 124

Quantity: 1

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

Service: \$.99 /mo (x) 1 months = .99 Account: 0-1204-431-00-124-007-0 -619/664

Requisition Total: \$6.93 Requisition Number: 00172665

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

[Signature]
Signature

Oscar L. Garza JR
Print Name

3-23-2010
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-
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Commissioner's Court Date: _____

Approved Date: _____

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WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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- Equipment Replacement
- Delete Service

956-279-5613 **COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Juan M. Carranza Employee ID# 000752 Signature: [Signature]

DEPARTMENT: Hidalgo Co. Pct. # 4 DEPT #: 124

Quantity: 1

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

Service: \$ 99 /mo (x) 1 months = .99 Account: 0-1204-431-00-124-007-0 -619/664

Requisition Total: \$ 6.93 Requisition Number: 00172665

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

[Signature] Oscar L. Garza JR 3-23-2010
 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-
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