

# WIRELESS DEVICE REQUEST FORM W.1.2

*Remove*

(1) Type of Request:  
 Wireless device:  Data Card  Blackberry  Other: Name Change 0596393-71076  
DATA CARDS, BLACKBERRY or OTHER (one form per individual)

(2) Requesting employee: JAMES HUBBARD Employee ID# \_\_\_\_\_ Signature \_\_\_\_\_  
 DEPARTMENT: SOUTH COUNTY Office: \_\_\_\_\_  
 Quantity: \_\_\_\_\_  
 Service A: \_\_\_\_\_ Price (12 months): 0.00 Account #: \_\_\_\_\_ 032  
 Service B: \_\_\_\_\_ Price (12 months): 0.00 Account #: \_\_\_\_\_ 019/868  
 Requisition Total: RFC 00 Requisition Number: 0510740

(3) Elected Official/Department Head Authorization for Request:  
O. L. Garza, Jr. O. L. Garza, Jr. 4/19/10  
 Signature Print Name Date

(4) Executive Office Authorization (Commissioner's Court Departments Only):  
 \_\_\_\_\_  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:  
 Service Type Codes:  
 SPRINT UNLIMITED DATACARD PLAN  or  
 SPRINT \$81000 + DAY PLAN  
 OTHER: \_\_\_\_\_

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 V.1.2

Review

(1) Type of Request:

Wireless device:  Data card  Blackberry  Other: None

DATA CARDS, BLACKBERRY or OTHER (one form per individual)

(2) Requesting employee: Ortiz Employee ID# \_\_\_\_\_ Signature \_\_\_\_\_  
 DEPARTMENT: Public Works A DEPT # \_\_\_\_\_

Quantity: \_\_\_\_\_

Service 1: 1mo / month: 1.00 Account: \_\_\_\_\_ 637  
 Service 2: 1mo / month: 1.00 Account: \_\_\_\_\_ 619/558

Requisition Total: 2.00 Requisition Number: 109107460

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

Gloria A. Beltran Gloria A. Beltran 4/19/10  
 Signature Print Name Date

(4) Executive Office Authorization (Commissioner's Court Departments Only):

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

(5) IT DEPARTMENT ONLY:

Service Type Codes:

SPRINT UNLIMITED DATACARD PLAN -or-  
 SPRINT BE1000 + DATAPLAN  
 OTHER: \_\_\_\_\_

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).

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