

WIRELESS DEVICE REQUEST FORM W.1.2

Remove

(1) Type of Request:

Wireless device: Data card Blackberry Other: Name change (956) 289-9208

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

(2) Requesting employee: Jorge Guerra Employee ID# 84069 Signature: [Signature]

DEPARTMENT: Pct (DIP) 4 DEPT #: _____

Quantity: 1

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

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

Requisition Total: 1320.00 P.O. Number: 1036740

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

O.L. Garza, Jr O.L. Garza Jr 4/20/10
 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).

Post-it* Fax Note	7671	Date	04/21/10	# of pages	2
To	Griselda	From	T. Mata		
Co./Dept.	It Dept	Co.	asper Ms. Gloria P.		
Phone #	6001	Phone #			
Fax #	956-318-2152	Fax #			

Revised: 01/21/2010