



WIRELESS DEVICE REQUEST FORM W.1.2

Replace

(1) Type of Request: _____

Wireless device: Data card Blackberry Other: Name Change
DATA CARDS, BLACKBERRY or OTHER (one form per individual)

(2) Requesting employee: Office Use Employee ID# _____ Signature: _____
 DEPARTMENT: Pct 4 (DIP) DEPT #: _____

Quantity: 1
 Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532
 Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664
 Requisition Total: 1320.00 Requisition Number: 1036740

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

Gloria A. Beltran Gloria A. Beltran 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).