



# 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: Office Use Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_ *Replace*

DEPARTMENT: Inf. Tech. DEPT #: 200


Quantity: 1

Service: \$ 275.00 /mo (x) 8 months = 220.00 Account: 01100-415-00-200-001-0-532

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

Requisition Total: \$ 2,220.00 P.O. Requisition Number: 10348601

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


Renan Ramirez
4/26/2010  
 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: \_\_\_\_\_

- 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).*