

WIRELESS DEVICE REQUEST FORM W.1.2

Remove

(1) Type of Request:

Wireless device: Data card Blackberry Other: Name Change 0510-225-8964

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

(2) Requesting employee: Taner Hingosa Employee ID: 051519 Signature: na

DEPARTMENT: Const Pt 2 DEPT #:

Quantity: 1

Service: \$ _____ /mo (x) _____ months = 0.00 Account: _____ #32

Service: \$ _____ /mo (x) _____ months = 0.00 Account: _____ #19/564

Requisition Total: 1980.00 Requisition Number: 1038809

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

[Signature] Frank Garcia 4/29/10
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

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).