



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request: Standard Cell Phone Service

County Owned Department Assigned Cellular Service

Equipment Replacement

Delete Service

950-802-3578

### COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Lucila Vargas Employee ID# 115924 Signature: Lucila Vargas

DEPARTMENT: Health DEPT #: \_\_\_\_\_

Quantity: 1

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature] Eduardo Olivarez 5/12/10  
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).

\* Auto Charger Returned

4/21/10



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

956-802-3567

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Fernando Martinez Employee ID# 085898 Signature: [Signature]

DEPARTMENT: Health Department DEPT #: 340

Quantity: 1

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature]  
Signature

Eduardo Olivarez  
Print Name

5/12/10  
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).*



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

956-827-1834

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Rene Layton Employee ID# 137936 Signature: Rene Layton  
 DEPARTMENT: Health DEPT #: 340

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

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature] Eduardo Oliveira 5/12/10  
 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).

\* No Auto Charger \_\_\_\_\_

4-30-10



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

950-827-9442

### COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Gary Keller Employee ID# 113042 Signature: [Signature]

DEPARTMENT: Environmental Health DEPT #: Health 340

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

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature]

Eduardo Olivares

5/12/10

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).

\*No Auto Charger



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

950-802-3571

4-29-10

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Graciela Lopez Employee ID# 021121 Signature: [Signature]

DEPARTMENT: \_\_\_\_\_ DEPT #: \_\_\_\_\_

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

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature]

Eduardo Olivarez

5/12/10

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).

Charger - Roberto S -





# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

950-878-2162

### COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Consuelo Sanchez Employee ID# 069949

Signature: Camie Sanchez RN  
5/7/10

DEPARTMENT: Health and Human Services

DEPT #: 340

Quantity: 1

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature]

Eduardo Olivarez

5/12/10

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).*



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

- County Owned Department Assigned Cellular Service
- Equipment Replacement
- Delete Service

050-720-3931

### COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Lydia Serna Employee ID# 057444 Signature: Lydia Serna

DEPARTMENT: Health & Human Services Dept DEPT #: 340

Quantity: 1 phone / 1 charger

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

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature]  
Signature

Eduardo Olivarez  
Print Name

5/12/10  
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).*