

WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

County Owned Department Assigned Cellular Service
 Equipment Replacement
 Delete Service

802-3573 5-13-10

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Minerva Carranza Employee ID# 032344 Signature: McLarranza

DEPARTMENT: Bio DEPT #: 340


Quantity: 1

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

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

Requisition Total: 1980.00 PO Requisition Number: 1034153

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

 Rigoberto Hinojosa 6/8/10
 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).

