



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: *[Signature]*
 DEPARTMENT: Elections Department _____ DEPT #: 130 _____

Quantity: 1

Service: \$ 139.96 /mo (x) 7 months = \$979.72 Account: 0-1100-414-00-130-001-0-532

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: _____ -619/664

Requisition Total: \$979.72 Requisition Number: 177213

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

[Signature] Vivonne Ramon 06/14/10
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 6/21/10
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON 15,000 Min Shared Plan
- 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).



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Yvonne Ramon 06/14/10
 Signature Print Name Date

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Valde Guerra 6/21/10
 Signature Print Name Date

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 Signature Print Name Date

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[Signature] Signature Valde Guerra Print Name 6/21/10 Date
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4 Cell phones Verizon

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Yvonne Ramon Yvonne Ramon 06/14/10

Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 6/21/10

Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

1-15,000 Min. Shared Plan Verizon

POCKET \$25 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or-

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