















# 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: Yvonne Ramon Employee ID# 166626 Signature: *Yvonne Ramon*

DEPARTMENT: Elections Department DEPT #: 130

Quantity: 1

Service: \$ 17.52/mo (x) 2 months = 35.04 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: 2,978.52 Requisition Number: 176640

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

*Yvonne Ramon* Yvonne Ramon 06/03/10  
 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

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Service: \$17.52/mo (x) 2 months = 35.04 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: 2,978.52 Requisition Number: 176640

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

*Yvonne Ramon* Yvonne Ramon 06/03/10  
 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

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Yvonne Ramon Employee ID# 166626 Signature: [Signature]

DEPARTMENT: Elections Department DEPT #: 130

Quantity: 1

Service: \$17.52/mo (x) 2 months = 35.04 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: 2,978.52 Requisition Number: 176640

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

[Signature]  
Signature

Yvonne Ramon  
Print Name

06/03/10  
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

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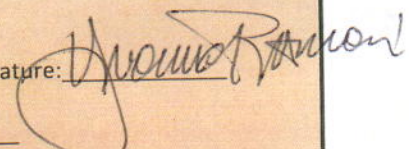


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DEPARTMENT: Elections Department DEPT #: 130

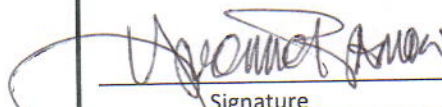
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Requisition Total: 2,978.52 Requisition Number: 176640

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<u></u>	<u>Yvonne Ramon</u>	<u>06/03/10</u>
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-
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Commissioner's Court Action:

Commissioner's Court Date: \_\_\_\_\_

Approved Date: \_\_\_\_\_

Disapproved

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