

Cell makes
AT&T
30

WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

County Owned Department Assigned Cellular Service
 Equipment Replacement
 Delete Service

(956) 330-4132

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use Employee ID# _____ Signature: *Yvonne Ramira*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532
 Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: _____ -619/664

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Yvonne Ramira Yvonne Ramira 06/14/10
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra Valde Guerra 6/21/10
 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)369-5769

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: [Signature]

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

[Signature] Yvonne Ramin 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:

- 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) 369-7413

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: [Signature]

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

[Signature] Yoonne Ramin 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:

- 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) 369-8403

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Yvonne Ramon

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Yvonne Ramon
Signature

Yvonne Ramon
Print Name

06/14/10
Date

(4) Executive Office Authorization:

[Signature]
Signature

Valde Guerra
Print Name

6/21/10
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) 369-8513

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Yvonne Ramon

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$ 7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$ 7,614.60 Requisition Number: 169303

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

Yvonne Ramon
Signature

Yvonne Ramon
Print Name

06/14/10
Date

(4) Executive Office Authorization:

Valde Guerra
Signature

Valde Guerra
Print Name

6/21/10
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) 369-9082

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Yvonne Ramon*

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.14 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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:

- 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) 369-9478

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Yvonne Ramin

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Yvonne Ramin Yvonne Ramin 06/14/10
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra Valde Guerra 6/21/10
 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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WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

(956) 369-9574

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Yvonne Ramon

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$ 7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Yvonne Ramon Yvonne Ramon 06/14/10
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra Valde Guerra 6/21/10
 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) 369-9597

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Vivonne Ramon*

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$ 7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Vivonne Ramon
Signature

Vivonne Ramon
Print Name

06/14/10
Date

(4) Executive Office Authorization:

[Signature]
Signature

Valde Guerra
Print Name

6/21/10
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) 605-1437

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Yvonne Ramon*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.14 /mo (x) 7 months = \$ 7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$ 7,614.60 Requisition Number: 169303

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

Yvonne Ramon Yvonne Ramon 06/14/10
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 6/22/10
 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) 605-7072

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *[Signature]*

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.14 /mo (x) 7 months = \$ 7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

[Signature] Vivonne Ramín 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:

- 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) 605-7289

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Yvonne Ramon*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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:

- 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

(954) 605-7493

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Vivonne Ramon*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.41 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Vivonne Ramon 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:

- 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) 605-7509

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Yvonne Ramon*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.14 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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:

- 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) 605-7553

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: [Signature]
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.14 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

[Signature] Vonne Ramin 06/14/10
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 6/26/10
 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) 605-7588

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: [Signature]

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

[Signature] 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:

- 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) 605-7684

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *[Signature]*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

[Signature] Vivonne Ramin 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:

- 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) 605-7723

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: [Signature]

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.14 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

[Signature]
Signature

Yvonne Ramon
Print Name

06/14/10
Date

(4) Executive Office Authorization:

[Signature]
Signature

Valde Guerra
Print Name

6/21/10
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) 605-7765

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Vivonne Ramon

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.14 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Vivonne Ramon 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:

- 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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WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

(956) 605-7766

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Yvonne Ramo*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Yvonne Ramo Yvonne Ramo 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:

- 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) 605-7940

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: [Signature]

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

[Signature]
Signature

Vivonne Ramon
Print Name

06/14/10
Date

(4) Executive Office Authorization:

[Signature]
Signature

Valde Guerra
Print Name

6/21/10
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) 605-8587

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use Employee ID# _____ Signature: *Yvonne Ramon*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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:

- 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) 605-8692

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Yvonne Ramon

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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:

- 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) 605-8797

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Yvonne Ramon

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.41 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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:

- 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) 605-9288

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Yvonne Ramon*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.40 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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:

- 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) 605-9298

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Yvonne Ranim

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Yvonne Ranim Yvonne Ranim 06/14/10
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra Valde Guerra 6/21/10
 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) 605-9320

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Vivonne Ramon

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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

(4) Executive Office Authorization:

[Signature] Signature Valde Guerra Print Name 6/21/10 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) 605-9554

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Yvonne Ramon*

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.40 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

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:

- 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) 605-9657

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: Yvonne Rambo

DEPARTMENT: Elections _____ DEPT #: 130 _____

Quantity: 1

Service: \$ 1,087 /mo (x) 7 months = \$7,614.60 Account: _____ 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Yvonne Rambo Yvonne Rambo 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:

- 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) 605-9772

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use _____ Employee ID# _____ Signature: *Yvonne Ramin*
 DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 1,087.00 /mo (x) 7 months = \$7,614.60 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$7,614.60 Requisition Number: 169303

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

Yvonne Ramin Yvonne Ramin 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:

- 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).