

4 cell phones
HT & T



WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

(956) 607-2941

COUNTY OWNED / ASSIGNED CELL PHONE :

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

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 145.04 /mo (x) 12 months = \$1,740.48 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$1,740.48 Requisition Number: 169211

(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).



WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

(956) 607-1643

COUNTY OWNED / ASSIGNED CELL PHONE :

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

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 145.04 /mo (x) 12 months = \$1,740.48 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$1,740.48 Requisition Number: 169211

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

[Signature] *Yvonne Ramim* 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) 607-1891

COUNTY OWNED / ASSIGNED CELL PHONE :

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

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 145.04 /mo (x) 12 months = \$1,740.48 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$1,740.48 Requisition Number: 169211

(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

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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) 607-3804

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Joaquin Garcia Employee ID# 158321 Signature: [Signature]

DEPARTMENT: Elections DEPT #: 130

Quantity: 1

Service: \$ 145.04 /mo (x) 12 months = \$1,740.48 Account: 0-1100-414-00-130-001-0-532

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

Requisition Total: \$1,740.48 Requisition Number: 169211

(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

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