







# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

956-207-6238

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Rodney Elizondo Employee ID# 161187 Signature: [Signature]

DEPARTMENT: Health & Human Services DEPT #: 340

Quantity: 1

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -532

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

Requisition Total: \$0.00 Requisition Number: \_\_\_\_\_

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

[Signature] Eduardo Olivarez 07/07/10  
 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-
- BE Add-on

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) 207-6318

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**COUNTY OWNED / ASSIGNED CELL PHONE:**

(2) Requesting employee: Evangelina Rubio Employee ID# 115541 Signature: [Signature]

DEPARTMENT: Health & Human Services DEPT #: 340

Quantity: 1

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -532

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

Requisition Total: \$0.00 Requisition Number: \_\_\_\_\_

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

[Signature] Eduardo Alvarez 07/07/10  
 Signature Print Name Date

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(4) Executive Office Authorization:

\_\_\_\_\_  
 Signature Print Name Date

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(5) IT DEPARTMENT ONLY:

Service Type Codes:

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

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 7/13/10

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

(492) 207-6394

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**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Eduardo Olivarez Employee ID# 106194 Signature: [Signature]  
 DEPARTMENT: Health & Human Services DEPT #: 340

Quantity: 1

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -532  
 Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -619/664  
 Requisition Total: \$0.00 Requisition Number: \_\_\_\_\_

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

[Signature] Eduardo Olivarez 07/07/10  
 Signature Print Name Date

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(4) Executive Official Authorization:

\_\_\_\_\_  
 Signature Print Name Date

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(5) IT DEPARTMENT ONLY:

Service Type Codes:

POCKET \$25 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or-  
 BE MSG & DATA 1000

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 7/13/10  
 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).*

