

# Requisition

**Req # 00177954**

**PO #**

**Date: 06/25/10**

**Bill To:**   x  
                  x

**Vendor :** 210501  
SPRINT  
P O BOX 660092  
DALLAS TX 75266-0092

**Ship To:** HEALTH DEPARTMENT  
1304 S. 25TH  
EDINBURG TX 78539

**Contact:**   **RSALINAS**  
                  **956-383-6221**

**Contract No:**

**Special Instructions:**

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		CONTRACT # HGAC CW05-02		
		DO NOT DUPLICATE ORDER		
5.00	EACH	DATA CARDS NOVATEL MIFI 2200 EQUIPMENT	99.99	499.95
9.00		SERVICE FOR DATA CARDS MONTHLY DATA SERVICES FOR MIFI 2200 @ \$42.99 EACH CARD X 5= \$214.95 X 9 MONTHS	214.95	1,934.55
		Account No	<u>Encumbrance</u>	
		0-1293-441-00-340-042-0-532	1,934.55	
		0-1293-441-00-340-042-0-619	499.95	
			Freight	.00
			Total	2,434.50
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

**Authorized By:** \_\_\_\_\_