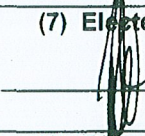
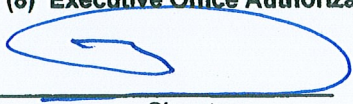

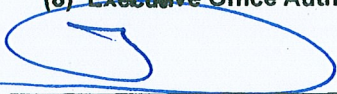


CELLULAR PHONE REQUEST FORM - W.1.2
HIDALGO COUNTY, TEXAS

(1) Type of Request: <input type="checkbox"/> Cellular Service Allowance (STIPEND) <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> County Owned Department Assigned Cellular Service <input type="checkbox"/> Name Change <input type="checkbox"/> Delete Service <input type="checkbox"/> Other wireless device: <input checked="" type="checkbox"/> Data card <input type="checkbox"/> GPS <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:		
STIPEND ONLY:		
(2) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____		
(3) Type of duties: <input type="checkbox"/> Offsite duties <input type="checkbox"/> On-call duties <input type="checkbox"/> Law Enforcement / Emergency Response <input type="checkbox"/> Other: _____		
(4) Describe how the use of this cell phone will benefit the county: _____ _____		
COUNTY OWNED CELL PHONE ONLY:		
(5) TOTAL AMOUNT OF PURCHASE ORDER: (Purchase Order must cover total for fiscal year. Please allow an additional \$10-\$15 per device for fees) Quantity: _____ Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -532 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662 Requisition Total: _____ Requisition Number: _____		
DATA CARDS, GPS or OTHER		
(6) Requesting employee/position: <u>Eduardo Olivarez - for various employee use</u> Department #: <u>340</u> Employee ID #: _____ Office: <u>Health</u> Service: \$ <u>42.99</u> /mo (x) <u>9</u> months = \$386.91 Account: _____ 9-1293-441-00-340-042-0 -532 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662 Requisition Total: _____ Requisition Number: _____		
(7) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <u>Eduardo Olivarez</u> _____ Print Name </div> <div style="text-align: center;"> <u>11/5/09</u> _____ Date </div> </div>		
(8) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <u>Valde Guerra</u> _____ Print Name </div> <div style="text-align: center;"> <u>12/10/09</u> _____ Date </div> </div>		
(9) IT DEPARTMENT ONLY: Service Type Codes: _____		

Commissioner's Court Action:
 Approved Date: _____ Disapproved

CELLULAR PHONE REQUEST FORM - W.1.2
HIDALGO COUNTY, TEXAS

(1) Type of Request: <input type="checkbox"/> Cellular Service Allowance (STIPEND) <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> County Owned Department Assigned Cellular Service <input type="checkbox"/> Name Change <input type="checkbox"/> Delete Service <input type="checkbox"/> Other wireless device: <input checked="" type="checkbox"/> Data card <input type="checkbox"/> GPS <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:		
STIPEND ONLY:		
(2) Requesting employee/position: _____ Department #: _____ Employee ID #: _____ Office: _____		
(3) Type of duties: <input type="checkbox"/> Offsite duties <input type="checkbox"/> On-call duties <input type="checkbox"/> Law Enforcement / Emergency Response <input type="checkbox"/> Other: _____		
(4) Describe how the use of this cell phone will benefit the county: _____ _____		
COUNTY OWNED CELL PHONE ONLY:		
(5) TOTAL AMOUNT OF PURCHASE ORDER: (Purchase Order must cover total for fiscal year. Please allow an additional \$10-\$15 per device for fees) Quantity: _____ Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -532 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662 Requisition Total: _____ Requisition Number: _____		
DATA CARDS, GPS or OTHER		
(6) Requesting employee/position: <u>Eduardo Olivarez - for various employee use</u> Department #: <u>340</u> Employee ID #: _____ Office: <u>Health</u> Service: \$ <u>42.99</u> /mo (x) <u>9</u> months = \$386.91 Account: _____ 9-1293-441-00-340-042-0 -532 Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662 Requisition Total: _____ Requisition Number: _____		
(7) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> Eduardo Olivarez _____ Print Name </div> <div style="text-align: center;"> <u>11/5/09</u> _____ Date </div> </div>		
(8) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <u>Valde Guerra</u> _____ Print Name </div> <div style="text-align: center;"> <u>12/10/09</u> _____ Date </div> </div>		
(9) IT DEPARTMENT ONLY: Service Type Codes: _____		

Commissioner's Court Action:

Approved Date: _____ Disapproved

CELLULAR PHONE REQUEST FORM - W.1.2
HIDALGO COUNTY, TEXAS

(1) Type of Request:

Cellular Service Allowance (STIPEND) Equipment Replacement

County Owned Department Assigned Cellular Service Name Change

Delete Service

Other wireless device: Data card GPS Blackberry Other:

STIPEND ONLY:

(2) Requesting employee/position: _____

Department #: _____ Employee ID #: _____ Office: _____

(3) Type of duties:

Offsite duties On-call duties Law Enforcement / Emergency Response Other: _____

(4) Describe how the use of this cell phone will benefit the county: _____

COUNTY OWNED CELL PHONE ONLY:

(5) TOTAL AMOUNT OF PURCHASE ORDER: (Purchase Order must cover total for fiscal year. Please allow an additional \$10-\$15 per device for fees)

Quantity: _____

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

Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662

Requisition Total: _____ Requisition Number: _____

DATA CARDS, GPS or OTHER

(6) Requesting employee/position: Eduardo Olivarez - for various employee use

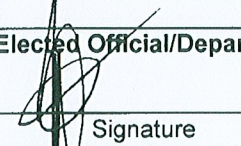
Department #: 340 Employee ID #: _____ Office: Health

Service: \$ 42.99 /mo (x) 9 months = \$386.91 Account: _____ 9-1293-441-00-340-042-0 -532

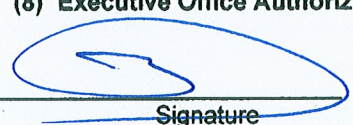
Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662

Requisition Total: _____ Requisition Number: _____

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

 _____ Eduardo Olivarez _____ 11/5/09 _____
 Signature Print Name Date

(8) Executive Office Authorization (Commissioner's Court Departments Only):

 _____ Valde Guerra _____ 12/10/09 _____
 Signature Print Name Date

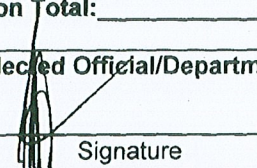
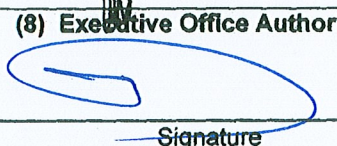
(9) IT DEPARTMENT ONLY:

Service Type Codes: _____

Commissioner's Court Action:

Approved Date: _____ Disapproved

CELLULAR PHONE REQUEST FORM - W.1.2
HIDALGO COUNTY, TEXAS

<p>(1) Type of Request:</p> <input type="checkbox"/> Cellular Service Allowance (STIPEND) <input type="checkbox"/> Equipment Replacement <input type="checkbox"/> County Owned Department Assigned Cellular Service <input type="checkbox"/> Name Change <input type="checkbox"/> Delete Service <input type="checkbox"/> Other wireless device: <input checked="" type="checkbox"/> Data card <input type="checkbox"/> GPS <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	
STIPEND ONLY:	
<p>(2) Requesting employee/position: _____</p> <p>Department #: _____ Employee ID #: _____ Office: _____</p>	
<p>(3) Type of duties:</p> <input type="checkbox"/> Offsite duties <input type="checkbox"/> On-call duties <input type="checkbox"/> Law Enforcement / Emergency Response <input type="checkbox"/> Other: _____	
<p>(4) Describe how the use of this cell phone will benefit the county: _____</p>	
COUNTY OWNED CELL PHONE ONLY:	
<p>(5) TOTAL AMOUNT OF PURCHASE ORDER: (Purchase Order must cover total for fiscal year. Please allow an additional \$10-\$15 per device for fees)</p> <p>Quantity: _____</p> <p>Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -532</p> <p>Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662</p> <p>Requisition Total: _____ Requisition Number: _____</p>	
DATA CARDS, GPS or OTHER	
<p>(6) Requesting employee/position: <u>Eduardo Olivarez - for various employee use</u></p> <p>Department #: <u>340</u> Employee ID #: _____ Office: <u>Health</u></p> <p>Service: \$ <u>42.99</u> /mo (x) <u>9</u> months = \$<u>386.91</u> Account: _____ <u>9-1293-441-00-340-042-0</u> -532</p> <p>Service: \$ _____ /mo (x) _____ months = \$0.00 Account: _____ -662</p> <p>Requisition Total: _____ Requisition Number: _____</p>	
<p>(7) Elected Official/Department Head Authorization for Request:</p> <p>  Eduardo Olivarez <u>11/5/09</u> _____ Signature Print Name Date </p>	
<p>(8) Executive Office Authorization (Commissioner's Court Departments Only):</p> <p>  <u>Valde Guerra</u> <u>12/0/09</u> _____ Signature Print Name Date </p>	
<p>(9) IT DEPARTMENT ONLY:</p> <p>Service Type Codes: _____</p>	

Commissioner's Court Action:
 Approved Date: _____ Disapproved

