

AI-22030
DELETE SERVICE
CC CONSENT

9.A.

Date: 07/20/2010
 Submitted By: Griselda Salazar, IT DEPARTMENT
 Submitted For: Renan Ramirez
 Department: IT DEPARTMENT
 Agenda Category: IT Department

Information

CAPTION

Health Department:

1. Authorization to delete wireless device service for the HEALTH DEPARTMENT through the County's membership/participation with CONTRACT: HGAC CW0502 with awarded vendor SPRINT for the following:

Quantity:	Description:	Department:	Employee Name:	Employee Number:	Cell Phone Numbers:
5	MIFI 2200	Health & Human Service	Office Use	N/A	210-883-6831, 210-883-4017, 210-883-4768, 210-883-4997 & 210-883-4607

2. Approval of the attached Wireless Device Request Form under the County's cell phone policy.

BACKGROUND

Fiscal Impact

FISCAL YEAR: ACCT. #:
 FUNDS AVAILABLE Y/N?: MATCHING FUNDS Y/N?:
 BUDGETARY IMPACT:
 No Budgetary Impact. Wireless device service is being deleted.

Attachments

Link: Request Forms

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	07/15/2010 08:56 AM	APRV
2	Manuel Chapa	Manuel Chapa	07/16/2010 07:59 AM	APRV
3	Auditor's Office		07/16/2010 05:03 PM	NEW

Form Started By: Griselda Salazar Started On: 07/14/2010 03:52 PM
 Final Approval Date: 07/16/2010

AI-19022
Cell Phone Request
CC REGULAR

16.A.

Date: 12/22/2009
Submitted By: Griselda Salazar, IT DEPARTMENT
Submitted For: Renan Ramirez
Department: IT DEPARTMENT
Agenda Category: IT Department

Information

CAPTION

Health & Human Services:

1. Authorization to purchase (requisition # 165463) throught the County's membership/participation with CONTRACT: C-09-231-09-22 with awarded vendor H.E.B. WIRELESS for the following services:

Quantity:	Description:	One Time Equipment Cost:	Monthly Service Cost:	Notes:
5	Novatel Sprint MIFI 2200	\$99.99 X 5 = \$499.95	5 @ \$42.99 = 214.95 X 9 months = \$1,934.55	Data Cards will be for various employee use

2. Approval of the attached application for cell phone service request under the county's cell phone policy.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2009
FUNDS AVAILABLE Y/N?: Y

ACCT. #: 9-1293-441-00-340-042-0-XXX
MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Amount available for requisition# 165463 as of 12-16-09 \$2,434.50 for H.E.B. Wireless.

Object Code Amount
 532 \$ 1,934.55
 619 \$ 499.95

Attachments

Link: Quote
 Link: Cell Phone Request Forms
 Link: requisition # 165463

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Erika Zamora	12/15/2009 03:30 PM	APRV

2	Manuel Chapa	Manuel Chapa	12/16/2009 02:44 PM	APRV
3	Auditor's Office		12/18/2009 05:08 PM	NEW

Form Started By: Griselda Salazar Started On: 12/15/2009 10:07 AM
Final Approval Date: 12/18/2009

PURCHASE ORDER CANCELLATION REQUEST

TO: COUNTY AUDITOR Purchasing Dept.
 FROM: PURCHASING DEPARTMENT Health Dept
 DATE: 6/23/10

JUN 23 2010
 By: Lrae 400pm

PLEASE BE ADVISED THAT I AM REQUESTING THAT THE FOLLOWING PURCHASE ORDER(S) BE LIQUIDATED AS IT (THEY) IS (ARE) NO LONGER OUTSTANDING:

PURCHASE ORDER NUMBER	VENDOR NAME	AMOUNT OF ORIGINAL P.O.	LESS PREVIOUS INVOICE(S) SUBMITTED FOR PAYMENT	AMOUNT OUTSTANDING	OUTSTANDING AMOUNT TO BE LIQUIDATED
<u>634027</u>	<u>HERB Wireless Inc.</u>	<u>2434.50</u>	<u>-0-</u>	<u>-0-</u>	<u>2434.50</u>

REASON (BRIEFLY EXPLAIN): As per Mirelda I T. Close P.O. for Herb Wireless and open P.O. for Sprint

AUTHORIZATION: *Dan Belt* DEPARTMENT HEAD 6/23/10 DATE

APPROVED BY: *Martha Hernandez* PURCHASING DEPARTMENT 6/24/10 DATE

APPROVED BY: _____ HIDALGO COUNTY AUDITOR _____ DATE

REF: CCPY

