



WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

New Number

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Carlos G. Garcia Employee ID# 122475 Signature: *[Signature]*

DEPARTMENT: Information Technology DEPT #: 200

Quantity: 1

Service: \$ 27.50 /mo (x) 6 months = \$165.00 Account: 0-1100-415-00-200-001-0-532

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

Requisition Total: \$165.00 Requisition Number: 634061

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

[Signature]
Signature

Benin Ramirez
Print Name

7-28-10
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-
- SPRINT BE1000 Plan \$55/Month + Options + \$5.00/Mo Taxes & Fees

Commissioner's Court Action:

Commissioner's Court Date: 08/03/10

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).