





# WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device:  Data card  Blackberry  Other: Transfer \_\_\_\_\_

**DATA CARDS, BLACKBERRY or OTHER (one form per individual)**

(2) Requesting employee: Cari Lambrecht Employee ID# 154776 Signature: Cari Lambrecht

DEPARTMENT: County Judge's Office DEPT #: 110

Quantity: 1

Service: \$ 70.99/mo (x) 6 months = 425.94 Account: 0-1100-413-00-110-006-0-532

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

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

[Signature] Valde Guerra 07/14/2010  
Signature Print Name Date

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

[Signature] Valde Guerra 7/14/10  
Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

SPRINT UNLIMITED DATACARD PLAN -or-

SPRINT BE1000 + DATAPLAN

OTHER: Transfer 956-720-5026

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.1.2

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Wireless device:  Data card  Blackberry  Other: Transfer \_\_\_\_\_

**DATA CARDS, BLACKBERRY or OTHER (one form per individual)**

(2) Requesting employee: Carlos Trevino Employee ID# 154679 Signature:

DEPARTMENT: IT DEPT #: 200

Quantity: 1

Service: \$ 55.00/mo (x) 6 months = 330.00 Account: 0-1100-415-00-200-001-0-532

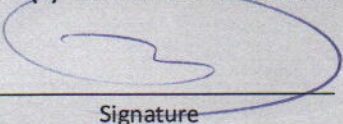
Service: \$ \_\_\_\_\_/mo (x) \_\_\_\_\_ months = 0.00 Account: \_\_\_\_\_-619/664

Requisition Total: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

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

 Valde Guerra 07/14/2010  
Signature Print Name Date

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

 Valde Guerra 7/14/2010  
Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

SPRINT UNLIMITED DATACARD PLAN -or-

SPRINT BE1000 + DATAPLAN

OTHER: Transfer 930-1048-7188

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).*

