



WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: Data card Blackberry Other: Replacement _____

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

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

DEPARTMENT: Executive Office DEPT #: 125

Quantity: 1

Service: \$ 55.00/mo (x) 6 months = 330.00 Account: 0-1100-413-00-125-002-0-532

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

Requisition Total: 1,440.00 Requisition Number: 178778

(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 7/14/2010
Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

SPRINT UNLIMITED DATACARD PLAN -or-

SPRINT BE1000 + DATAPLAN

OTHER: Replacement

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

(1) Type of Request:

Wireless device: Data card Blackberry Other: Replacement

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

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

DEPARTMENT: Executive Office DEPT #: 125

Quantity: 1

Service: \$ 70.99/mo (x) 6 months = 425.94 Account: 0-1100-413-00-125-002-0-532

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

Requisition Total: 1,440.00 Requisition Number: 178778

(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 7/14/2010
Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

SPRINT UNLIMITED DATACARD PLAN -or-

SPRINT BE1000 + DATAPLAN

OTHER: Replacement 950-720-51026

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).

