



# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Domingo Villarreal Employee ID# 19135 Signature: \_\_\_\_\_

DEPARTMENT: Precinct 3 DEPT #: 127

Quantity: 1

Service: \$ 62.00 /mo (x) 6 months = \$372.00 Account: 1200-431-00-123-005-0-532

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

Requisition Total: \$372.00 Requisition Number: \_\_\_\_\_

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

Joe M. Flores Joe M. Flores Aug 13, 2010  
 Signature Print Name Date

(4) Executive Office Authorization:

\_\_\_\_\_  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON NATIONAL UNLIMITED PLAN \$57.39/mo + taxes/fees
- 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: \_\_\_\_\_

- 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).*