



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: DAVID MUNOZ Employee ID# 111074 Signature: _____

DEPARTMENT: CONSTABLE PRECINCT 3 DEPT #: 293

Quantity: 1

Service: \$ 25.00 /mo (x) 12 months = \$300.00 Account: 0-1100-421-00-293-001-0-532

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

Requisition Total: \$300.00 Requisition Number: _____

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

Heraldo Sanchez Heraldo Sanchez 08-04-10
 Signature Print Name 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: _____

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).



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(2) Requesting employee: DAN BROYLES Employee ID# 1031 Signature: [Signature]

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