



WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

956-648-7006

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Office Use Employee ID# N/A Signature: _____

DEPARTMENT: Planning Dept. DEPT #: 210

Quantity: 1

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: _____ -532

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

Requisition Total: \$0.00 Requisition Number: _____ P.O: 633540

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

[Signature] Tomas J. Airedond 9-2-10
 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).