



WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

056-907-4943

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: WIC Mobile Clinic Employee ID# _____ Signature: _____

DEPARTMENT: WIC DEPT #: 350

Quantity: 0

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: 0.1292.441.00.350.001.0. -532

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: 0.1292.441.00.350.001.0. -619/664

Requisition Total: \$0.00 Requisition Number: _____

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

Norma Longoria
Signature

Norma L. Longoria
Print Name

9-9-10
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: 9/21/10

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).