

WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:
 Wireless device: Data card Blackberry Other: _____
DATA CARDS, BLACKBERRY or OTHER (one form per individual)

(2) Requesting employee: Office Use _____ Employee ID# N/A Signature: _____
 DEPARTMENT: County Auditor's Office DEPT #: 170

Quantity: 1

Service: \$ 55.00/mo (x) 3 months = 165.00 Account: 0-1100-415-21-170-001-0-532
 Service: \$ _____/mo (x) _____ months = 0.00 Account: _____ -619/664

Requisition Total: 165.00 Requisition Number: 637574

(3) Elected Official/Department Head Authorization for Request:
 _____ Ray Eufemia _____ 9/30/10
 Signature Print Name Date

(4) Executive Office Authorization (Commissioner's Court Departments Only):

 Signature Print Name Date

(5) IT DEPARTMENT ONLY:
 Service Type Codes:
 SPRINT UNLIMITED DATACARD PLAN -or-
 SPRINT BE1000 + DATAPLAN
 OTHER: _____

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).