



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: Paulino Rivera Employee ID# 015318 Signature: _____

DEPARTMENT: Hidalgo County Precinct No.2 DEPT #: 122

Quantity: 0

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: _____

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

Hector "T. to" PALACIOS

10/1/2010

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).