



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: Efrain Ceballos Employee ID# 181722 Signature: [Signature]

DEPARTMENT: PLanning DEPT #: 210

Quantity: 1

Service: \$ 27.50 /mo (x) 3 months = \$82.50 Account: 0-1100-419-10-210-001-0-532

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

Requisition Total: \$82.50 Requisition Number: 167864/P.O. 633540

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

[Signature]
Signature

PAUL GRESIN
Print Name

09/29/10
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: 10/12/10

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).