



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: Cari Lambrecht Employee ID# 154776 Signature: Cari Lambrecht

DEPARTMENT: Executive Office DEPT #: 125

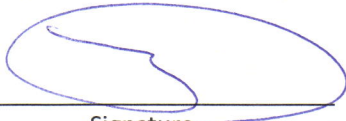
Quantity: 1

Service: \$ 87.38 /mo (x) 15 months = \$1,310.70 Account: 1100-413-00-125-002-0 -532

Service: \$ 0 /mo (x) 1 = _____ Account: _____ -619/664

Requisition Total: \$1,310.70 Requisition Number: 178778

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



Signature

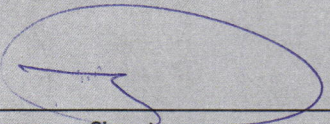
Valde Guerra

Print Name

10/14/2010

Date

(4) Executive Office Authorization:



Signature

Valde Guerra

Print Name

10/14/2010

Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- POCKET \$25 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or-
- VERIZON Nationwide Talk Unlimited Plan \$57.39/mo + Data Pkg Plan Unlimited \$29.99/mo = \$87.38/mo

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).