



WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

950-740-3079

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Joe E. Cavazos Employee ID# _____ Signature: _____

DEPARTMENT: TABC DEPT #: _____

Quantity: 1

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: PO 033898

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

Signature Print Name Date

(4) Executive Office Authorization:

 _____
Signature Print Name Date 10/7/10

(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)

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Approved Date: _____ Disapproved

Commissioner's Court Action: _____ Commissioner's Court Date: 10/12/10

<input type="checkbox"/> SPRINT BE1000 Plan \$55/Month + Options + \$5.00/Mo Taxes & Fees <input checked="" type="checkbox"/> POCKET \$25 Month Plan / Unlimited Talk, Text & US Long Distance + \$2.50/Mo Taxes & Fees -or- Service Type Codes:	
(5) IT DEPARTMENT ONLY: _____	
Signature: 	Print Name: Valde Guerra
Date: 10/7/10	
(4) Executive Office Authorization: _____	
Signature: _____	Print Name: _____
Date: _____	
(3) Elected Official/Department Head Authorization for Request: _____	
Requestion Total: \$0.00	Requestion Number: 633898
Service: \$ 0.00 /mo (x) 0 months = \$0.00	Account: 619/664
Service: \$ 0.00 /mo (x) 0 months = \$0.00	Account: 532
Quantity: 1	
DEPARTMENT: TABC	DEPT #: _____
(2) Requesting employee: Sonia Salinas	Employee ID#: _____
Signature: _____	
COUNTY OWNED / ASSIGNED CELL PHONE :	
<input checked="" type="checkbox"/> Delete Service	456-667-0000
<input type="checkbox"/> Equipment Replacement	
<input type="checkbox"/> County Owned Department Assigned Cellular Service	
(1) Type of Request: _____	

WIRELESS DEVICE REQUEST FORM W.1.3



 **WIRELESS DEVICE REQUEST FORM W.1.3**

(1) Type of Request:

County Owned Department Assigned Cellular Service

Equipment Replacement

Delete Service 6150-667-2255

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Charlotte Knox Employee ID# _____ Signature: _____

DEPARTMENT: TABC DEPT #: _____

Quantity: 1

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 P.O. Requisition Number: 1032898

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

Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 10/7/10
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

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WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

9150-330-7785

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Rick Balli Employee ID# _____ Signature: _____

DEPARTMENT: TABC DEPT #: _____

Quantity: 1

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: PO 1033898

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

Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 10/7/10
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

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