

Requisition

Req # 00186368

PO #

Date: 12/09/10

Bill To: x
x

Vendor: 287024
VERIZON WIRELESS
P.O. BOX 660108
DALLAS TX 75266-0108

Ship To: HEALTH DEPARTMENT
1304 S. 25TH
EDINBURG TX 78539

Contact: Josie Escalant
956-383-6221

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
13.00	EACH	DIR SDD 604 DO NOT DUPLICATE ORDER Nationwide Talk Small Business Share monthly cost for (13) county cell phones for daily office use for (1) month (December 2010) \$30.94 per phone numbers are 956-207-4015, 956-219-5069, 956-219-5079, 956-219-5107, 207-451-7625, 956-827-1150, 956-827-1248, 956-827-1310, 956-827-1821, 956-827-1857, 956-827-1938, 956-827-9153, 956-827-9850, & 956-802-3576	25.94	337.22
13.00	EACH	tax fee	5.00	65.00
		Account No _____	Encumbrance	
		0-1100-441-00-340-001-0-532	402.22	
			Freight	.00
			Total	402.22
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____



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: Salvador Luna Employee ID# 086959 Signature: [Signature]

DEPARTMENT: Health Department DEPT #: 340

Quantity: 1

Service: \$ _____/mo (x) _____ months = _____ Account: 0-1100-441-00-340-001-0--532

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

Requisition Total: \$0.00 Requisition Number: _____

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

[Signature] Eduardo Olivarez 12/08/10
Signature Print Name Date

(4) Executive Office Authorization:

Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

VERIZON Nationwide Talk Small Business Share Plan _____ -or-

VERIZON Talk Unlimited Anytime Minutes + Email PDA Smartphone / Blackberry solution _____

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).



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: Luis Galvan Employee ID# 093661 Signature: 

DEPARTMENT: Health Department DEPT #: 340


Quantity: 1

Service: \$ _____ /mo (x) _____ months = _____ Account: 0-1100-441-00-340-001-0-532

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

Requisition Total: \$0.00 Requisition Number: _____

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

 _____
Signature Eduardo Olivarez Print Name 12/08/10 Date

(4) Executive Office Authorization:

Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

VERIZON Nationwide Talk Small Business Share Plan _____ -or-

VERIZON Talk Unlimited Anytime Minutes + Email PDA Smartphone / Blackberry solution _____

Commissioner's Court Action: Commissioner's Court Date: _____

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

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Juan R. Torres Employee ID# 134376 Signature *Juan R Torres*

DEPARTMENT: Health Department DEPT #: 304

Quantity: _____

Service: \$ _____ /mo (x) _____ months = \$0.00 Account: 0-1100-441-00-340-001-0-532

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

Requisition Total: \$0.00 Requisition Number: _____

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

[Signature] Edwards Olivarez _____
 Signature Print Name Date

(4) Executive Office Authorization:

 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON Nationwide Talk Small Business Share Plan _____ -or-
- VERIZON Talk Unlimited Anytime Minutes + Email PDA Smartphone / Blackberry solution _____

Commissioner's Court Action: _____ Commissioner's Court Date: _____

- 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

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Elizardo Ramos Employee ID# 033731 Signature: *Elizardo Ramos*

DEPARTMENT: Health Department DEPT #: 340

Quantity: 1

Service: \$ _____/mo (x) _____ months = _____ Account: 0-1100-441-00-340-001-0--532

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

Requisition Total: \$0.00 Requisition Number: _____

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

Eduardo Olivarez

12/08/10

Signature

Print Name

Date

(4) Executive Office Authorization:

Signature

Print Name

Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

VERIZON Nationwide Talk Small Business Share Plan _____ -or-

VERIZON Talk Unlimited Anytime Minutes + Email PDA Smartphone / Blackberry solution _____

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

COUNTY OWNED / ASSIGNED CELL PHONE :

(2) Requesting employee: Felipe Diaz Employee ID# 115312 Signature: Felipe Diaz

DEPARTMENT: Health Department DEPT #: 340


Quantity: 1

Service: \$ _____/mo (x) _____ months = _____ Account: 0-1100-441-00-340-001-0--532

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

Requisition Total: \$0.00 Requisition Number: _____

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


 _____ Eduardo Olivarez _____ 12/08/10
 Signature Print Name Date

(4) Executive Office Authorization:

 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON Nationwide Talk Small Business Share Plan _____ -or-
- VERIZON Talk Unlimited Anytime Minutes + Email PDA Smartphone / Blackberry solution _____

Commissioner's Court Action: _____ Commissioner's Court Date: _____

Approved Date: _____ Disapproved

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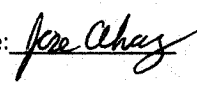


WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

County Owned Department Assigned Cellular Service
 Equipment Replacement
 Delete Service

COUNTY OWNED / ASSIGNED CELL PHONE :


(2) Requesting employee: Jose Alvarez Employee ID# 155532 Signature: 
DEPARTMENT: Health Department DEPT #: 340

Quantity: 1

Service: \$ _____/mo (x) _____ months = _____ Account: 0-1100-441-00-340-001-0--532
Service: \$ _____/mo (x) _____ months = \$0.00 Account: _____ -619/664

Requisition Total: \$0.00 Requisition Number: _____

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

 Eduardo Olivarez 12/08/10
Signature Print Name Date

(4) Executive Office Authorization:

Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

VERIZON Nationwide Talk Small Business Share Plan -or-
 VERIZON Talk Unlimited Anytime Minutes + Email PDA Smartphone / Blackberry solution

Commissioner's Court Action: _____ Commissioner's Court Date: _____
 Approved Date: _____ Disapproved

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