

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: Roman Rodriguez Employee ID# 010904 Signature: *R. Rodriguez*

DEPARTMENT: Hidalgo Co. Pct. #5 DEPT # 124

Quantity: 1

Service: \$ 30.00 /mo (4) 12 months = \$360.00 Account: 1-3200-431-00-124-000-0-032

Service: \$ 0.00 /mo (4) 0 months = \$0.00 Account: 010/000

Registration Total: \$360.00 Registration Number: 187410

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

Joseph Palacios Joseph Palacios 01/12/11

Signature PARB Print Name Date

(4) Executive Office Authorization:

Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes: Local

State of Texas Digital Choice Short 500 Anytime

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).