



# Hidalgo County Head Start Program Policy Council Agenda

**DATE:** January 19, 2011

**SUBJECT:** Discussion/Approval on Request to Enter into a Service Contract for Fifty-Five (55) Samsung Convoy Rugged Handsets, Seven (7) Samsung Convoy Rugged Cellular Phones with 3,500 Shared Minutes through the Hidalgo County's Membership/ Participation in the State of Texas Department of Information Resources (DIR) Awarded Vendor, Verizon Wireless (DIR Contract Number DIR-SDD-604)

**RATIONALE/NEED:** The current communication system being used is unreliable in remote areas of the county. There will be an annual cost savings of \$7,959.36.

**RECOMMENDATION:** Administration recommends approval.

**COST:** \$12,412.56 per year

**RELATED INFORMATION INCLUDED:** Memo/Proposal/List of Employees Assigned Cell Phones or Radios/Wireless Device Request Form W.1.3

\*\*\*\*\*

**INITIATED BY:** Ambrosio Tovar, Procurement Director *A. Tovar*

**REVIEWED BY:** Mr. Edmundo Garcia, Assistant Director

**PROGRAM DIRECTOR'S APPROVAL:** *Teressa Flores*



## HIDALGO COUNTY HEAD START PROGRAM

P. O. BOX 0117 ♠ EDINBURG, TEXAS 78540♠ TEL: (956) 383-0706 ♠ FAX: (956) 381-0439

TO: Edmundo Garcia, Assistant Director

FROM: Ambrosio Tovar, Procurement Director

DATE: January 6, 2011

SUBJ: Radio/Cell Phones – Verizon Wireless

We have obtained a proposal from Verizon (7) cell phones and fifty-five (55) radios. The purpose of these cell phones is for use by the Field Services Director and Coordinator, the Safety Officer and the four Educational Area Directors. The fifty-five (55) radios will be used by the bus drivers and field maintenance staff, and the computer staff.

Head Start covers the whole county and in some remote areas communication is very difficult. It is vital that the bus drivers have a good radio to communicate in time of distress while transporting the children. We have tested the Verizon phone/radios and the reception quality is very good.

Verizon Wireless is being recommended as the vendor to supply the cell phones and radios. The vendor is listed under the Department of Information Resources (DIR). Verizon is a DIR Vendor.

The start-up cost for these phones is zero. This plan would replace the current plan that we have in place. One major benefit would be that we would be saving on an average of \$7,959.36 per year. Also the phones/radios are replaced every ten months at no cost. This plan would allow us to have the phones/radios shut off when not in use during the summer time. This feature will save the agency additional money during the summer months.

Should you have any questions please let me know.

Thank you.

**SERVICE PLAN, CALLING FEATURES, AND EQUIPMENT QUOTES**

**Wireless Proposal for: Hidalgo County Headstart**

Code	Rate Plan:	# of Lines	Discounted Monthly Access	Included Minutes	Overage	Monthly Cost	Yearly Cost
73622	STATE OF TEXAS LOCAL DIGITAL CHOICE SHARE 500 ANYTIME UNL IN & N&W \$34.99 (No Discounts Apr	7	\$34.99	3,500	\$0.36	\$244.93	\$2,939.16
73343	STATE OF TEXAS LOCAL DIGITAL CHOICE FLAT RATE \$3.99 \$0.08 PER MIN 0707 (REVISED COST)	55	\$3.99	0	\$0.08	\$219.45	\$2,633.40
			#N/A	0	\$0.00	\$0.00	\$0.00
<b>Total</b>		62	#N/A	3500		\$464.38	\$5,572.56

Code	Features	# of Lines	Discounted Monthly Access	Monthly Cost	Yearly Cost
73869	PTT Enterprise for State of Texas Local	57	\$10.00	\$570.00	\$6,840.00
		0	\$0.00	\$0.00	\$0.00
		0	\$0.00	\$0.00	\$0.00
<b>Total</b>		57	\$10.00	\$570.00	\$6,840.00

**Rate Plan & Feature Estimated Yearly Cost: \$12,412.56**

Device	# of Lines	Cost per Unit	Total
Samsung Convoy™ - Customer Provided	57		\$0.00
			\$0.00
<b>Total</b>	57	\$0.00	\$0.00

Accessory	# of Lines	Cost per Unit	Total
	0	\$0.00	\$0.00
<b>Total</b>	0	\$0.00	\$0.00

**Equipment Estimated Cost: \$0.00**

**Additional Notes:**

\* Charge does not include roaming charges, minutes used over allowance, etc. Please see Service Rate Plan and Calling Features below for more information.

\*\* All applicable discounts have already been applied

Service Pricing provided is for Government Liability Accounts Only and is subject to the terms, provisions and conditions of the State of Texas Department of Information Resources (DIR) Contract No. DIR-SDD-604 Coverage, service and offers not available in all areas. Full terms and conditions, along with additional price plans offered by Verizon Wireless can be found on the <http://www.dir.state.tx.us/> internet website. Price quotes do not reflect Federal Universal Service and Regulatory Fees, charges, or pass-through assessments. Please see information on Regulatory Surcharges and Fees below for additional details.

All quotes contained in this proposal are subject to the terms and conditions of the State of Texas DIR contract. Your accounts must be in good standing with Verizon Wireless to migrate your existing lines of service to the pricing offered in this proposal if your Agency currently has service with Verizon Wireless. Price Plan changes and discounts may take up to two bill cycles to appear on your Verizon Wireless billing statement for accounts transitioning to an approved State of Texas contract vehicle. As part of our compliance with FCC requirements, Verizon Wireless allows only GPS-compliant devices to be activated on our network. If your current device is not GPS-compliant you will not be able to activate service on our network with your existing equipment.

The prices of equipment in the attached Government Equipment Matrix have been discounted and are in effect through 04/03/11 for new cellular service activations and eligible equipment upgrades. Equipment purchased without service activation is not eligible for discounted pricing and will be charged full retail price. A wireless device must be in service for a minimum of 10 months to be eligible for an equipment upgrade at the discounted pricing regardless of contract vehicle chosen. If you choose to upgrade or replace equipment due to loss or theft of your device prior to completing 10 months of service, you may be charged full retail price. This offer cannot be combined with any other offer. Other restrictions or charges may apply. Prices are subject to change without notice and quantities may be limited. Please contact your sales representative at the time of purchase for the latest equipment pricing.

Cellular Accessories: Verizon Wireless provides a variety of accessories to complement and enhance the usefulness of the various cellular telephone models it offers. Accessories, such as cigarette light adapters, headsets and leather cases may be available at an additional charge. **Verizon Wireless offers a flat 25% discount off of the retail price for accessories.** Such discount is subject to the terms and conditions of the Verizon Wireless Pricing and Equipment Offer in this response. Equipment pricing is subject to change and availability. For details on additional accessories available, please visit [www.verizonwireless.com](http://www.verizonwireless.com).



Hidalgo County Head Start Program  
Policy Council Agenda

List of Employees Assigned Cell Phones or Radios

Department: Head Start

Qty	Description:	User Employee #	Service Total:	Equip Total:
1	Cell Phone/ Radio	Oscar Palacios #000511	Nationwide Talk 500 Shared Plan \$44.99 + Taxes/Fees \$5.00 per month.	\$0
1	Cell Phone/ Radio	Oliver Solis #003339	Nationwide Talk 500 Shared Plan \$44.99 + Taxes/Fees \$5.00 per month.	\$0
1	Cell Phone	Noemi Flores #004006	Nationwide Talk 500 Shared Plan \$44.99 + Taxes/Fees \$5.00 per month.	\$0
1	Cell Phone	Azucena Saenz #002909	Nationwide Talk 500 Shared Plan \$44.99 + Taxes/Fees \$5.00 per month.	\$0
1	Cell Phone	Homero Carrera #002772	Nationwide Talk 500 Shared Plan \$44.99 + Taxes/Fees \$5.00 per month.	\$0
1	Cell Phone	Juanita Navarro #003388	Nationwide Talk 500 Shared Plan \$44.99 + Taxes/Fees \$5.00 per month.	\$0
1	Cell Phone	Sandra Renteria #003387	Nationwide Talk 500 Shared Plan \$44.99 + Taxes/Fees \$5.00 per month.	\$0
1	Radio	Darlene Garza #003519	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Cassandra Castillo #003952	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Myra Lopez #004318	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Dean Sturdavant #004009	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Efrain Maldonado #003340	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Joaquin Jimenez #003920	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Juan De La Rosa #003788	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Sergio Martinez #003748	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Hector Becho #002603	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
	Radio	Ralph Badillo #003885	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jose Corona #003046	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jesse Palos #002591	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Victor Martinez #000027	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jerome Garcia #000958	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Daniel Garza #003884	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Rigoberto Hernandez #003937	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Sergio Zertuche #003930	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Pedro Castorena #004222	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Rolando Jimenez #003941	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Gilbert Valdez #003670	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Antonio Chavez #004025	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Juan Rodriguez #004261	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Genaro Hernandez #004107	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Gloria Lopez #004258	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jose Compean #004226	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Dora Rea #003348	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0

**Department: Head Start**

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Qty	Description:	User Employee #	Service Total:	Equip Total:
1	Radio	Olga Herrera #002764	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Salvador Mata #002379	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	David Davila #002765	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Javier Lopez #004065	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Alberto Torres #003509	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jose Santos #004219	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Noe Garcia #004187	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Alfredo Ayala #003019	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jesse Garcia #002133	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Ernesto Sambrano #002976	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jaime Cantu #002455	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Felix Rendon #001942	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Ramon Esquivel #003897	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Francisco Saucedo #003840	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Lilian Vela #004106	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Gilbert Gomez #001060	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Guadalupe Herrera #004068	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jose Sanchez #004227	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Jose Martinez #004260	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Victor Valdez #003827	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Armando Mejia #003667	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Mark Galvez #002763	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Rachel Escobar #004268	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Joel Salazar #004251	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Hiberto Cardona #004268	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Conrad Cabrera #001665	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Antonio Anzaldua #002478	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Pedro Hernandez #003900	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0
1	Radio	Marissa Maldonado #003965	Fat Rate plan w Push to Talk \$13.99 + \$2.00 Taxes/Fees per month= \$14.01	\$0



# 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: Oscar Palacios Employee ID# 000511 Signature: [Signature]

DEPARTMENT: Hidalgo CO Head Start Program. DEPT #: Field Op. 505

Quantity: 1

Service: \$ 44.99 /mo (x) 12 months = \$539.88 Account: \_\_\_\_\_

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

Requisition Total: \$539.88 Requisition Number: \_\_\_\_\_

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

[Signature] Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS LOCAL DIGITAL CHOICE \$34.99/MO + PUSH TO TALK \$10.00/MO 0
- ~~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).

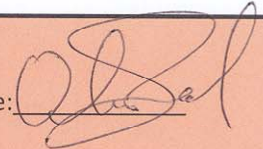


# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Oliver Solis Employee ID# 003339 Signature: 

DEPARTMENT: Hidalgo CO Head Start Program DEPT #: Field Op. 505

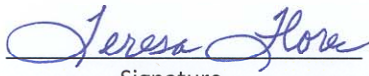
Quantity: 1

Service: \$ 44.99 /mo (x) 12 months = \$539.88 Account: \_\_\_\_\_ -

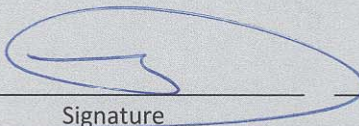
Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$539.88 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS LOCAL DIGITAL CHOICE \$34.99/MO + PUSH TO TALK \$10.00/MO
- ~~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).*



# 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: Noemi Flores Employee ID# 004006 Signature: *Noemi Flores*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Risk Mgmt. 135

Quantity: 1

Service: \$ 34.99 /mo (x) 12 months = \$419.88 Account: \_\_\_\_\_

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

Requisition Total: \$419.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS STATE OF TEXAS LOCAL DIGITAL CHOICE \$34.99/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

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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: Azucena Saenz Employee ID# 002909 Signature:

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Education 205

Quantity: 1

Service: \$ 34.99 /mo (x) 12 months = \$419.88 Account: \_\_\_\_\_

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

Requisition Total: \$419.88 Requisition Number: \_\_\_\_\_

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

Signature

Tevesa Flores  
Print Name

1-11-11  
Date

(4) Executive Office Authorization:

Signature

Valde Guerra  
Print Name

1/12/11  
Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS STATE OF TEXAS LOCAL DIGITAL CHOICE \$34.99/Mo + Taxes & Fees
- ~~SPRINT BE1000 Plan \$55/Month + Options + \$5.00/Mo Taxes & Fees~~

-or-

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: Homero Carrera Employee ID# 002772 Signature: [Signature]

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Education 205

Quantity: 1

Service: \$ 34.99 /mo (x) 12 months = \$419.88 Account: \_\_\_\_\_

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

Requisition Total: \$419.88 Requisition Number: \_\_\_\_\_

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

[Signature] Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS STATE OF TEXAS LOCAL DIGITAL CHOICE \$34.99/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).*



# 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: Juanita Navarro Employee ID# 003388 Signature:

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Education 205

Quantity: 1

Service: \$ 34.99 /mo (x) 12 months = \$419.88 Account: \_\_\_\_\_

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

Requisition Total: \$419.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS STATE OF TEXAS LOCAL DIGITAL CHOICE \$34.99/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

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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: Sandra Renteria Employee ID# 003387 Signature: *Sandra C. Renteria*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Education 205

Quantity: 1

Service: \$ 34.99 /mo (x) 12 months = \$419.88 Account: \_\_\_\_\_

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

Requisition Total: \$419.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS STATE OF TEXAS LOCAL DIGITAL CHOICE \$34.99/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).*



# 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: Darlene Garza Employee ID# 003519 Signature: *Darlene Garza*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores*      Teresa Flores      1-11-11  
 Signature                      Print Name                      Date

(4) Executive Office Authorization:

*[Signature]*      Valde Guerra      1/12/11  
 Signature                      Print Name                      Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Cassandra Castillo Employee ID# 003952 Signature: *C. Castillo*

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Myra Lopez Employee ID# 004318 Signature: *Myra Lopez*

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Dean Sturdavant Employee ID# 004009 Signature:

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Efrain Maldonado Employee ID# 003340 Signature: *Efrain Maldonado*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Joaquin Jimenez Employee ID# 003920 Signature: [Signature]

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

[Signature] Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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 de la Rosa Employee ID# 003788 Signature: [Signature]

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

[Signature]  
Signature

Teresa Flores  
Print Name

1-11-11  
Date

(4) Executive Office Authorization:

[Signature]  
Signature

Valde Guerra  
Print Name

1/12/11  
Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# WIRELESS DEVICE REQUEST FORM W.1.3

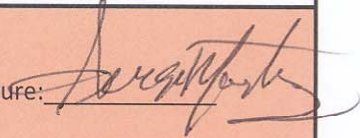
(1) Type of Request:

County Owned Department Assigned Cellular Service

Equipment Replacement

Delete Service

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Sergio Martinez Employee ID# 003748 Signature: 

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505


Quantity: 1

Service: \$ 13.99 /mo (x) 1 months = \$13.99 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -


Requisition Total: \$13.99 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-11

Signature                      Print Name                      Date

(4) Executive Office Authorization:

 Valde Guerra 11/2/11

Signature                      Print Name                      Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Hector Becho Employee ID# 002603 Signature:

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Ralph Badillo Employee ID# 003885 Signature: [Signature]

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

[Signature] Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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 Corona Employee ID# 003046 Signature: *Jose Corona*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Jerem Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*

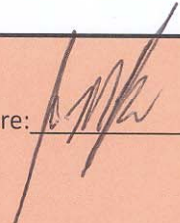


# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Jesus Palos Employee ID# 002591 Signature: 

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

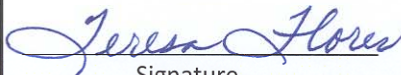
Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

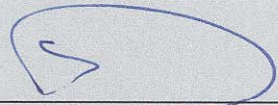
Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Victor Martinez Employee ID# 000027 Signature: *Victor Mart*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).

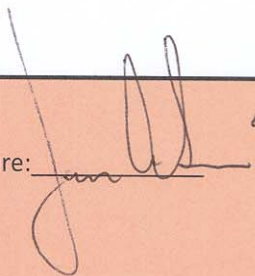


# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Jerome Garcia Employee ID# 000958 Signature: 

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

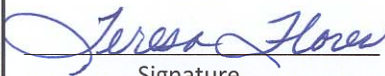
Quantity: 1

Service: \$ 13.99 /mo (x) 1 months = \$13.99 Account: \_\_\_\_\_ -

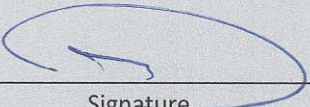
Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$13.99 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Daniel Garza Employee ID# 003884 Signature:

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*

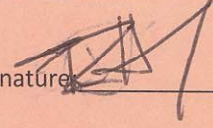


# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

County Owned Department Assigned Cellular Service  
 Equipment Replacement  
 Delete Service

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Rigoberto Hdz. Employee ID# 003937 Signature: 

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505


Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

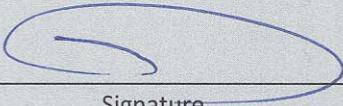
Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*

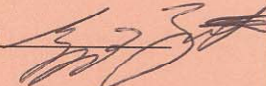


# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Sergio Zertuche Employee ID# 003930 Signature: 

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

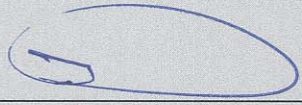
Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Pedro Castorena Employee ID# 004222 Signature: [Signature]

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

[Signature] Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*

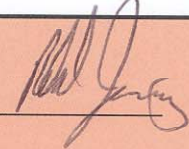


# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Rolando Jimenez Employee ID# 003941 Signature: 

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505


Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

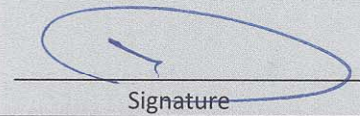
Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Gilbert Valdez Employee ID# 003670 Signature: *Gilbert Valdez*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Antonio Chavez Employee ID# 004025 Signature: *Antonio Chavez*

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11

Signature                      Print Name                      Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11

Signature                      Print Name                      Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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 Rodriguez Employee ID# 004261 Signature: Juan Rodriguez  
 DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*




# 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: Genaro Hernandez Employee ID# 004107 Signature: 

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

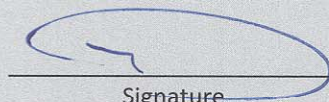
Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Gloria Lopez Employee ID# 004258 Signature: Gloria Lopez

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Jeres Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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 Compean Employee ID# 004226 Signature: *Jose Compean*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Dora Rea Employee ID# 003348 Signature: Dora Rea

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Olga Herrera Employee ID# 002764 Signature: *Olga Herrera*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 11/21/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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 Mata Employee ID# 002379 Signature: Salvador Mata

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: David Davila Employee ID# 002765 Signature: *David Davila*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Javier Lopez Employee ID# 004065 Signature: Javier Lopez  
 DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Jeresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Alberto Torres Employee ID# 003509 Signature:

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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 Santos Employee ID# 003509 Signature: [Signature]

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

[Signature] Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Noe Garcia Employee ID# 004187 Signature: Noe Garcia Jr

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Alfredo Ayala Employee ID# 003019 Signature: *Alfredo Ayala*

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: 003019

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Jerome Floa*                      Teresa Flores                      1-11-11  
 Signature                                      Print Name                                      Date

(4) Executive Office Authorization:

*[Signature]*                      Valde Guerra                      11/21/11  
 Signature                                      Print Name                                      Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Jesse Garcia Employee ID# 002133 Signature: *Jesse Garcia*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Ernesto Sambrano Employee ID# 002976 Signature: Ernesto Sambrano

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Jerem Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Jaime Cantu Employee ID# 002455 Signature: *Jaime Cantu*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Felix Rendon Employee ID# 001942 Signature: *Felix Rendon*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Ramon Esquivel Employee ID# 003897 Signature: Ramon Esquivel

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Francisco Saucedo Employee ID# 003840 Signature: Francisco Saucedo

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Lilian Vela Employee ID# 004106 Signature: *Lilian Vela*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Gilbert Gomez Employee ID# 001060 Signature: *Gilbert Gomez*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Guadalupe Herrera Employee ID# 004068 Signature: Guadalupe Herrera

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 11/2/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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 Sanchez Employee ID# 004227 Signature: [Signature]

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

[Signature] Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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 Martinez Employee ID# 004260 Signature: Jose Martinez

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Victor Valdez Employee ID# 003827 Signature: *Victor Valdez*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores*      Teresa Flores      1-11-11  
 Signature                      Print Name                      Date

(4) Executive Office Authorization:

*[Signature]*      Valde Guerra      1/12/11  
 Signature                      Print Name                      Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO      -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).*



# 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: Armando Mejia Employee ID# 003667 Signature:

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).



# 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: Mark Galvez Employee ID# 002763 Signature: *Mark Galvez*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Jerem Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Rachel Escobar Employee ID# 004268 Signature: *Rachel Escobar*

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).

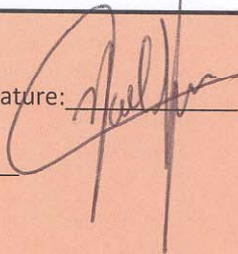


# WIRELESS DEVICE REQUEST FORM W.1.3

(1) Type of Request:

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

**COUNTY OWNED / ASSIGNED CELL PHONE :**

(2) Requesting employee: Joel Salazar Employee ID# 004251 Signature: 

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

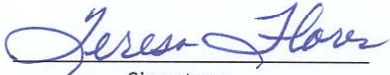
Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

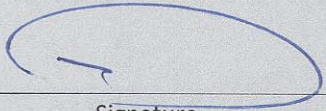
Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

 Teresa Flores 1-11-10  
 Signature Print Name Date

(4) Executive Office Authorization:

 Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Hiberto Cardona Employee ID# 004268 Signature: Hiberto Cardona

DEPARTMENT: Hidalgo CO. Head Start Program DEPT #: Field Op. 505

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Conrad Cabrera Employee ID# 001665 Signature: [Signature]

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: MIS 115

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

[Signature] Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

[Signature] Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Antonio Anzaldua Employee ID# 002478 Signature: *Antonio Anzaldua*

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: MIS 115

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Teresa Flores* Teresa Flores 1-11-11  
Signature Print Name Date

(4) Executive Office Authorization:

*[Signature]* Valde Guerra 1/12/11  
Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*



# 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: Pedro Hernandez Employee ID# 003900 Signature: *Pedro Hernandez*

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: MIS 115

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

*Jerem Flores*                      Teresa Flores                      1-11-11  
 Signature                                      Print Name                                      Date

(4) Executive Office Authorization:

*[Signature]*                      Valde Guerra                      1/12/11  
 Signature                                      Print Name                                      Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO                      -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).*



# 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: Marissa Maldonado Employee ID# 003965 Signature:

DEPARTMENT: Hidalgo Co. Head Start Program DEPT #: MIS 115

Quantity: 1

Service: \$ 13.99 /mo (x) 12 months = \$167.88 Account: \_\_\_\_\_ -

Service: \$ 0.00 /mo (x) 0 months = \$0.00 Account: \_\_\_\_\_ -

Requisition Total: \$167.88 Requisition Number: \_\_\_\_\_

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

Teresa Flores 1-11-11  
 Signature Print Name Date

(4) Executive Office Authorization:

Valde Guerra 1/12/11  
 Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

- VERIZON WIRELESS PUSH TO TALK \$10.00/ MO + TEXAS FLAT RATE \$3.99/MO -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).*