
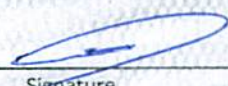


WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Robert Vela</u> Employee ID# <u>176311</u> Signature: <u>Robert Vela</u> Department: <u>Info. Tech.</u> Dept#: <u>200</u> Quantity: <u>1</u> Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1100-415-00-200-001-0-532</u> Service: \$____/mo (x) ____ months = _____ Account: _____ -619/664 Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$____/mo (x) ____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Renan Ramirez</u> Print Name </div> <div style="text-align: center;"> <u>3/29/11</u> Date </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Valde Guerra</u> Print Name </div> <div style="text-align: center;"> <u>3/30/11</u> Date </div> </div>		
(4) IT DEPARTMENT ONLY: Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11
 Approved Date: _____ Disapproved

Current County call phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govtfsig/article/0,,d=167154,00.html> EXAMPLE 2

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Noan Lopez</u> Employee ID# <u>172588</u> Signature:		
Department: <u>Info. Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-00200-001-0-532</u>		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
	<u>Renan Ramirez</u> Print Name	<u>3/29/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
	<u>Valele Guerra</u> Print Name	<u>3/30/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11

Approved Date: _____ Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govtfsig/article/0,,id=167154,00.html>, EXAMPLE 2

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use <i>or</i> <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Carlos Garcia</u> Employee ID# <u>122475</u> Signature:		
Department: <u>Info. Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>H1100-415-00-200-001-0532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3404.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> Signature </div> <div style="text-align: center;"> <u>Roman Ramirez</u> Print Name </div> <div style="text-align: center;"> <u>3/29/11</u> Date </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> Signature </div> <div style="text-align: center;"> <u>Valde Guerra</u> Print Name </div> <div style="text-align: center;"> <u>3/30/11</u> Date </div> </div>		
(4) <u>IT DEPARTMENT ONLY:</u> Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11

Approved Date: _____ Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information. <http://www.irs.gov/govt/sg/arcicle/0..id=157154.00.html>. EXAMPLE 2

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Khuong Le</u> Employee ID# <u>176656</u> Signature:		
Department: <u>Info Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-100-415-00-200-001-0</u> -532		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3164.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
	<u>Renan Ramirez</u>	<u>3/29/11</u>
Signature	Print Name	Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
	<u>Valde Guerra</u>	<u>3/30/11</u>
Signature	Print Name	Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11

Approved Date: _____ Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: http://www.irs.gov/irs/irs/article/0_id=167154.00.html EXAMPLE 2

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Jorge Helu</u> Employee ID# <u>176028</u> Signature:		
Department: <u>Info Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-00.200-001-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
 Signature	<u>Renan Ramirez</u> Print Name	<u>3/29/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
 Signature	<u>Valde Guerra</u> Print Name	<u>3/30/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action:

Commissioner's Court Date: 4/5/11

Approved Date: _____

Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/sig/article0..id=167154-00.html> EXAMPLE 2

Revised: 03/09/2011

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Jakim Barbosa</u> Employee ID# <u>1101675</u> Signature:		
Department: <u>Info Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-00-200-001-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
 Signature	<u>Renan Ramirez</u> Print Name	<u>3/29/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
 Signature	<u>Valde Guerra</u> Print Name	<u>3/30/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action:

Commissioner's Court Date: 4/5/11


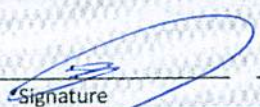
Approved Date: _____

Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/irsig/article0...id=16716400.html> EXAMPLE 2

Revised: 03.09/2011

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Luis Izaguirre</u> Employee ID# <u>149063</u> Signature: <u>Luis Izaguirre</u> Department: <u>Info. Tech.</u> Dept#: <u>200</u> Quantity: <u>1</u> Service: \$ <u>31.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-00-200-001-0-532</u> Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <u>Reman Ramirez</u> Print Name </div> <div style="text-align: center;"> <u>3/29/11</u> Date </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  _____ Signature </div> <div style="text-align: center;"> <u>Valde Guerra</u> Print Name </div> <div style="text-align: center;"> <u>3/30/11</u> Date </div> </div>		
(4) IT DEPARTMENT ONLY: Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: Approved Date: _____ Disapproved
 Commissioner's Court Date: 4/5/11

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: http://www.irs.gov/govt/sig/article/0_id=167154_00.html EXAMPLE 2.



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device:

- Office Use or Individual
- Name Change
- Equipment Change
- Plan Change
- Delete Service

Wireless Data Device:

- Data Card
- Blackberry
- Other:

Stipend:

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Eli Gracia Employee ID# 164275 Signature: [Signature]Department: Info. Tech. Dept#: 200Quantity: 1Service: \$ 3499/mo (x) 9 months = 314.91 Account: 1-1100-415-00-200-001-0-532

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

Requisition Total: 3464.01 Requisition Number: 192767

STIPEND

(1) Employee: _____ Employee ID# _____ Signature: _____

Department: _____ Dept#: _____

Quantity: _____

Service: \$ _____/mo (x) _____ months = _____ Account: _____ -532

Total: _____

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

 Renan Ramirez 3/29/11
 Signature Print Name Date

(3) Executive Office Authorization (Commissioner's Court Departments Only):

 Valde Guerra 3/30/11
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice II 400 Natl. Share Plan


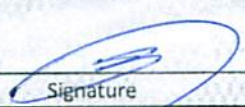
Commissioner's Court Action:

Commissioner's Court Date: 4/5/11 Approved Date: _____ Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/sig/article/0,as=187154,00.html> EXAMPLE 2

Revised: 03/09/2011

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Juan De Leon</u> Employee ID# <u>87815</u> Signature: <u>Juan De Leon</u> Department: <u>Info. Tech.</u> Dept#: <u>200</u> Quantity: <u>1</u> Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>H100-415-00-200-001-0-532</u> Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Reman Ramirez</u> Print Name </div> <div style="text-align: center;"> <u>3/29/11</u> Date </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Valde Guerra</u> Print Name </div> <div style="text-align: center;"> <u>3/30/11</u> Date </div> </div>		
(4) IT DEPARTMENT ONLY: Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11
 Approved Date: _____ Disapproved

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WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Jose Alvarez Employee ID# 1163767 Signature:

Department: Inf. Tech. Dept#: 200

Quantity: 1

Service: \$ 34.99 /mo (x) 9 months = 314.91 Account: H100-415-00-200-0016332

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

Requisition Total: 3464.01 Requisition Number: 192767

STIPEND

(1) Employee: _____ Employee ID# _____ Signature: _____

Department: _____ Dept#: _____

Quantity: _____

Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532

Total: _____

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

Renan Ramirez
3/29/11
 Signature Print Name Date

(3) Executive Office Authorization (Commissioner's Court Departments Only):

Valde Guerra
3/30/11
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice II 400 Natl. Share Plan

Commissioner's Court Action: Commissioner's Court Date: 4/5/11

Approved Date: _____ Disapproved

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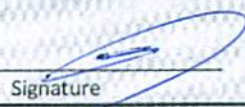
WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Daniel Gonzalez</u> Employee ID# <u>192745</u> Signature:		
Department: <u>Info. Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>H100-415-00-200-001-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
	<u>Ramon Ramirez</u> <small>Print Name</small>	<u>3/29/11</u> <small>Date</small>
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
	<u>Valde Guerra</u> <small>Print Name</small>	<u>3/30/11</u> <small>Date</small>
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: Approved Date: _____ Disapproved
 Commissioner's Court Date: 4/5/11

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/irb/2009-12/irb09-12-04.html> EXAMPLE 2



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Luis Izaguirre</u> Employee ID# <u>149063</u> Signature: <u>Luis Izaguirre</u> Department: <u>Info. Tech.</u> Dept#: <u>200</u> Quantity: <u>1</u> Service: \$ <u>31.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-00-200-001-0-532</u> Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official / Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Renan Ramirez</u> Print Name </div> <div style="text-align: center;"> <u>3/29/11</u> Date </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Valde Guerra</u> Print Name </div> <div style="text-align: center;"> <u>3/30/11</u> Date </div> </div>		
(4) IT DEPARTMENT ONLY: Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11
 Approved Date: _____ Disapproved

Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: http://www.irs.gov/govt/irsig/article0_id=167154_00.html EXAMPLE 2

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Jaxim Barbosa</u> Employee ID# <u>1161675</u> Signature: <u>[Signature]</u> Department: <u>Info. Tech.</u> Dept#: <u>200</u> Quantity: <u>1</u> Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-00-200-001-0-532</u> Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Renan Ramirez</u> Print Name </div> <div style="text-align: center;"> <u>3/29/11</u> Date </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Valde Guerra</u> Print Name </div> <div style="text-align: center;"> <u>3/30/11</u> Date </div> </div>		
(4) IT DEPARTMENT ONLY: Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11
 Approved Date: _____ Disapproved

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WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use <i>or</i> <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Jorge Helu</u> Employee ID# <u>176028</u> Signature:		
Department: <u>Info Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-00.200-001-0-532</u>		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
	<u>Rencun Ramirez</u> <small>Print Name</small>	<u>3/29/11</u> <small>Date</small>
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
	<u>Valde Guerra</u> <small>Print Name</small>	<u>3/30/11</u> <small>Date</small>
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Nati. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11
 Approved Date: _____ Disapproved

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WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Khuong Le</u> Employee ID# <u>176656</u> Signature:		
Department: <u>Info Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>H100-415-00-200-001-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3164.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
 Signature	<u>Renan Ramirez</u> Print Name	<u>3/29/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
 Signature	<u>Valde Guerra</u> Print Name	<u>3/30/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: Approved Date: _____ Disapproved
 Commissioner's Court Date: 4/5/11

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WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Carlos Garcia</u> Employee ID# <u>122475</u> Signature:		
Department: <u>Info. Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>H100-415-00-200-001-D532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3404.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
Signature	<u>Ramon Ramirez</u> Print Name	<u>3/29/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
Signature	<u>Valde Guerra</u> Print Name	<u>3/30/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11
 Approved Date: _____ Disapproved

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WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use <i>or</i> <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Neon Lopez</u> Employee ID# <u>172588</u> Signature:		
Department: <u>Info. Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-DD200-001-D-532</u>		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
	<u>Renan Ramirez</u> Print Name	<u>3/29/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
	<u>Valde Guerra</u> Print Name	<u>3/30/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11

Approved Date: _____ Disapproved

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WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Robert Vela Employee ID# 176311 Signature: Robert Vela

Department: Info. Tech. Dept#: 200

Quantity: 1

Service: \$34.99/mo (x) 9 months = 314.91 Account: 1100-415-00-200-001-0 -532

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

Requisition Total: 3464.01 Requisition Number: 192767

STIPEND

(1) Employee: _____ Employee ID# _____ Signature: _____


Department: _____ Dept#: _____

Quantity: _____

Service: \$____/mo (x) ____ months = _____ Account: _____ -532

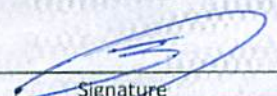
Total: _____

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


Renan Ramirez
3/29/11

Signature
Print Name
Date

(3) Executive Office Authorization (Commissioner's Court Departments Only):


Valde Guerra
3/30/11

Signature
Print Name
Date

(4) IT-DEPARTMENT ONLY:

Service Type Codes: Americas Choice II 400 Natl. Share Plan

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11

Approved Date: _____ Disapproved

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TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Eli Gracia</u> Employee ID# <u>1164275</u> Signature: <u>[Signature]</u>		
Department: <u>Info. Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>3499</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>H100-415-00-200-001-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
Signature: <u>[Signature]</u>	Print Name: <u>Renan Ramirez</u>	Date: <u>3/29/11</u>
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
Signature: <u>[Signature]</u>	Print Name: <u>Valde Guerra</u>	Date: <u>3/30/11</u>
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11

Approved Date: _____ Disapproved

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Revised: 03/09/2011

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Juan De Leon</u> Employee ID# <u>87815</u> Signature: <u>Juan De Leon</u> Department: <u>Info. Tech.</u> Dept#: <u>200</u> Quantity: <u>1</u> Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>H1100415-00-200-001-0-532</u> Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$ _____/mo (x) _____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
_____ Signature	<u>Renan Ramirez</u> Print Name	<u>3/29/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	<u>Valde Guerra</u> Print Name	<u>3/30/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11
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TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Jose Alvarez</u> Employee ID# <u>1163767</u> Signature:		
Department: <u>Inf. Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>H100-415-00-200-0016332</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/ Department Head Authorization for Request:		
	<u>Renan Ramirez</u> <small>Print Name</small>	<u>3/29/11</u> <small>Date</small>
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
	<u>Valde Guerra</u> <small>Print Name</small>	<u>3/30/11</u> <small>Date</small>
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: Approved Date: _____ Disapproved
 Commissioner's Court Date: 4/5/11

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TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Daniel Gonzalez</u> Employee ID# <u>182745</u> Signature:		
Department: <u>Info. Tech.</u> Dept#: <u>200</u>		
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>9</u> months = <u>314.91</u> Account: <u>1-1100-415-00-200-001-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3464.01</u> Requisition Number: <u>192767</u>		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
 Signature	<u>Ramon Ramirez</u> Print Name	<u>3/29/11</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
 Signature	<u>Valde Guerra</u> Print Name	<u>3/30/11</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice II 400 Natl. Share Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 4/5/11

Approved Date: _____ Disapproved

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