

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 type="checkbox"/> Plan Change <input checked="" 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: David Peralez Employee ID# 176087 Signature: [Signature]

Department: Facilities Mngt. Dept#: 220

Quantity: 1

Service: \$ _____ /mo (x) _____ months = _____ Account: 1-1100-419-40-220-001-0 -532

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

Requisition Total: _____ Requisition Number: _____

Reason: Employee does not want to be taxed.

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] Reick Sunday 4/6/11

Signature Print Name Date

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

[Signature] Valde Guerra 4/6/11

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Deactivate 950-515-8624

Commissioner's Court Action: _____ Commissioner's Court Date: 4/12/11

Approved Date: _____ Disapproved