

# WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <input type="checkbox"/> Office Use <i>or</i> <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	<b>Wireless Data Device:</b> <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	<b>Stipend:</b> <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Monte R. Parras</u> Employee ID# <u>123335</u> Signature: <u>MRP</u>		
Department: <u>Hidalgo Co. Pt. 3</u> Dept#: <u>123</u>		
Quantity: <u>1</u> <u>956-929-0114</u>		
Service: \$ _____/mo (x) _____ months = _____		Account: _____ -532
Service: \$ _____/mo (x) _____ months = _____		Account: _____ -619/664
Requisition Total: _____		Requisition Number: _____
* 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:		
<u>[Signature]</u>	<u>Commissioner JOE M. Flores</u>	<u>June 27-2011</u>
Signature	Print Name	Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____	_____	_____
Signature	Print Name	Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>deactivate 956-929-0114</u> <u>[Signature]</u>		

Commissioner's Court Action:  Approved Date: \_\_\_\_\_  Disapproved

Commissioner's Court Date: 7/5/11

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/irsig/article/0..id=167154.00.html>, EXAMPLE 2.



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COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>David Henry</u> Employee ID# <u>110828</u> Signature: <u>David Henry</u>		
Department: <u>Hidalgo Co. Pet #3</u> Dept#: <u>123</u>		
Quantity: <u>1</u> <u>956-587-1026</u>		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -532		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: _____ Requisition Number: _____		
<u>* does not want to be taxed</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>Joe M. Flores</u> Commissioner <u>June 27-2011</u>		
Signature	Print Name	Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
Signature	Print Name	Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>deactivate 956-587-1026</u>		

Commissioner's Court Action:

Commissioner's Court Date: 7/5/11

Approved Date: \_\_\_\_\_

Disapproved

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Revised 03/09/2011