

# WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	<b>Wireless Data Device:</b> <input checked="" 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: Office Use Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_  
 Department: Emergency Management Dept#: 110

Quantity: 6

Service: \$ 227.94 /mo (x) 6 months = 1,367.64 Account: 1-1100-429-00-110-075-0 -532

Service: \$ 0 /mo (x) 6 months = 0 Account: 1-1100-429-00-110-075-0 -619/664

Requisition Total: \$1,367.64 Requisition Number: 198326

**STIPEND**

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_  
 Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

Quantity: \_\_\_\_\_

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

Total: \_\_\_\_\_

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

Ramon Garcia Signature Ramon Garcia Print Name 07-11-11 Date

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

\_\_\_\_\_  
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: upgrading 6 data cards

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 8/2/11

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.