



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 checked="" 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>Office Use</u>	Employee ID# _____	Signature: _____
Department: <u>Emergency management</u>	Dept#: <u>110</u>	
Quantity: <u>2</u>		
Service: \$ <u>75.98</u> /mo (x) <u>6</u> months = <u>455.88</u>	Account: <u>1-1100-424-00-110-075-0-532</u>	
Service: \$ _____ /mo (x) _____ months = _____	Account: _____ -619/664	
Requisition Total: <u>7,805.04</u>	Requisition Number: <u>187294</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 Garcia</u>	<u>Ramon Garcia</u>	<u>07-11-11</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 service for</u>		
<u>950-655-6665 & 950-655-6970</u>		<u>7/27/11</u>

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/govt/lsig/article0,,id=167154,00.html>, EXAMPLE 2.