

# Requisition

Req # 00201738

PO #

Date: 08/30/11

Bill To: x  
x

Vendor : 287024  
VERIZON WIRELESS  
P.O. BOX 660108  
DALLAS TX 75266-0108

Ship To: HIDALGO CO. PCT 3  
724 N. BREYFOGLE  
MISSION TX 78574

Contact: **GEORGE/SERGIO**  
**956-585-4509**

Contract No: DIR-SDD-604

Special Instructions:  
R 2615

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		CELL PHONES		
		CELL PHONES TO BE USE BY GEORGE OCANA, EDUARDO MARTINEZ (LANDFILL EMPLOYEES)		
		CELL PHONE TO BE USE BY SERGIO H. SAENZ (PARK EMPLOYEE)		
		DO NOT DUPLICATE ORDER		
4.00	MONTH	NATIONWIDE TALK UNLIMITED ANYTIME (GEORGE OCANA)	56.69	226.76
4.00	MONTH	NATIONWIDE TALK UNLIMITED ANYTIME (EDUARDO MARTINEZ)	56.69	226.76
4.00	EACH	NATIONWIDE TALK UNLIMITED ANYTIME (SERGIO H. SAENZ)	56.69	226.76
8.00	EACH	TAXES AND FEE FOR GEORGE OCANA AND EDUARDO MARTIEZ	5.00	40.00
4.00	EACH	TAXES AND FEE FOR SERGIO SAENZ	5.00	20.00
		<u>Account No</u>	<u>Encumbrance</u>	
		1-1100-432-00-123-001-0-532	493.52	
		1-1100-452-00-123-008-0-532	246.76	
			Freight	.00
			Total	740.28
		APPROVED BY GEORGE OCANA		
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: \_\_\_\_\_

 **WIRELESS DEVICE REQUEST FORM W.2011.2**

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <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	<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: Martinez, Eduardo Employee ID# 084891 Signature: [Signature] Eduardo L. Martinez

Department: Princt #3 - Amritator Dept#: 123

Quantity: 1 956-587-1105

Service: \$ 56.69 /mo (x) 4 months = 226.76 Account: 1-1100-432-00-123-001-0- -532

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

Requisition Total: 740.28 Requisition Number: 201735

**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] Joe M. Flores, Commissioner 8/18/11  
 Signature Print Name Date

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

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

(4) IT DEPARTMENT ONLY:

Service Type Codes: Upgrading to Unlimited Anytime [Signature]

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 9/20/11

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

 **WIRELESS DEVICE REQUEST FORM W.2011.2**

**TYPE OF REQUEST**

<b>County Owned Wireless Device:</b> <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	<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
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**COUNTY OWNED WIRELESS DEVICE**

Office Use / Employee: Deputy, Sergeant Employee ID# 069442 Signature: [Signature]

Department: Pract#3-Pubs Dept#: 123

Quantity: 1 956-929-0694

Service: \$ 56.69 /mo (x) 4 months = 226.76 Account: 1-1100-452-10-123-008-0 - 532

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

Requisition Total: 740.28 Requisition Number: 201238

**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] Joe M. Flores, Commissioner 8/18/11

Signature Print Name Date

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

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

**(4) IT DEPARTMENT ONLY:**

Service Type Codes: Upgrading to Unlimited Anytime [Signature]

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: 9/20/11

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



# WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <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	<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>County, Average</u>	Employee ID# <u>133493</u>	Signature: <u>[Signature]</u>
Department: <u>District 3 San Antonio</u> Dept#: <u>133</u>		
Quantity: <u>1</u>	<u>950-587-1171</u>	
Service: \$ <u>56.<sup>69</sup></u> /mo (x) <u>4</u> months = <u>56.<sup>69</sup></u>	Account: <u>1-1100-432-00-133-001-0-532</u>	
Service: \$ _____ /mo (x) _____ months = _____	Account: _____ -619/664	
Requisition Total: <u>740.28</u>	Requisition Number: <u>201735</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>[Signature]</u>	<u>Joe M. Flores, Commissioner</u>	<u>8/18/11</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>Upgrading plan to Unlimited Anytime</u>		

Commissioner's Court Action:

Commissioner's Court Date: 9/20/11

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/isl/article/0,,id=167154,00.html>. EXAMPLE 2.

Revised: 03/09/2011