

Requisition

Req # 00208717

PO #

Date: 01/09/12

Bill To: x
x

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

Ship To: FACILITIES MANAGEMENT DEPARTMENT
3100 S. BUSINESS HWY 281
EDINBURG TX 78539

Contact: ALMA
956-289-7851

Contract No:

Special Instructions:

REQ

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00		DIR-SDD-604 DO NOT DUPLICATE ORDER AMERICAS CHOICE11 400 Unl-200 FOR THE FOLLOWING EMPLOYEES		.00
10.00	MONTH	DANIEL FLORES , 239-1942 (MARCH--DEC)	29.99	299.90
10.00	MONTH	IRENE CANTU, 239-1950 (MARCH--DEC)	29.99	299.90
10.00	MONTH	ARTURO ROBLEDO, 289-0673 (MARCH--DEC)	29.99	299.90
10.00	MONTH	SAUL RAMOS, 587-8905 (MARCH-DEC)	29.99	299.90
10.00	MONTH	JUAN RAZO, 239-1946 (MARCH--DEC)	29.99	299.90
10.00	MONTH	NOE GARCIA, 289-0210 (MARCH--DEC)	29.99	299.90
10.00	MONTH	JOE CHAVARRIA, 289-0240 (MARCH--DEC)	29.99	299.90
10.00	MONTH	ROBERT MARTINEZ, 587-8841 (MARCH--DEC)	29.99	299.90
10.00	MONTH	FERNANDO MARTINEZ, 289-0197 (MARCH --DEC)	29.99	299.90
10.00	MONTH	PAUL ESQUIVEL, 587-8837 (MARCH --DEC)	29.99	299.90
10.00	MONTH	SEVERIANO GALLARDO, 289-0685 (MARCH--DEC)	29.99	299.90
10.00	MONTH	PABLO HERERRA, 289-0622 (MARCH--DEC)	29.99	299.90
10.00	MONTH	TAXES @ 5.00 MONTHLY X 13 EMPLOYEES =65.00 (MARCH--DEC)	65.00	650.00
10.00	MONTH	SEPERINO GARZA, 292-8367	29.99	299.90
		Account No	Encumbrance	
		2-1100-419-40-220-001-0-532	4,499.25	
			Freight	.00
			Total	4,548.70
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

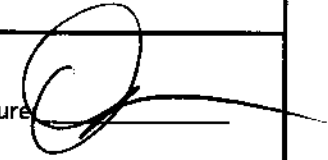
Authorized By: _____

(956) 239-1942

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: DANIEL FLORES Employee ID# 101768 Signature: 

Department: Facilities Mngt Dept#: 220

Quantity: 1

Service: \$34.99/mo (x) 10 months = 349.90 Account: 2-100-419-40 220-001-932

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

Requisition Total: 4548.70 Requisition Number: 208917

STIPEND

(1) Employee: _____ Employee ID# _____ Signature: _____

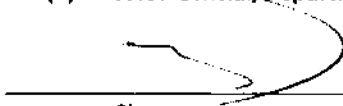
Department: _____ Dept#: _____

Quantity: _____

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

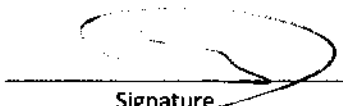
Total: _____

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

 Valde Guerra 1/24/12


Signature Print Name Date

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

 Valde Guerra 1/24/12

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice II 400 Share Unit + 200 + 115g 

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

1956) 239-1950

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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
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COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: JANE CANTU Employee ID# 018402 Signature: [Signature]

Department: FACILITIES MNGT Dept#: 220

Quantity: 1

Service: 34.99 mo (x) 10 months = 349.90 Account: 2-1100-419-40-220-001-0 -532

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

Requisition Total: 4548.70 Requisition Number: 208717

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] Valde Guerra 1/24/12

Signature Print Name Date

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

[Signature] Valde Guerra 1/24/12

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice 11400 Share Unit. + 200 tx msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

(1956) 289-0673

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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
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COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Alvaro Robledo Employee ID# 177192 Signature: [Signature]

Department: Facilities Mgmt. Dept#: 220

Quantity: 1

Service: \$ 34.99 /mo (x) 10 months = 349.90 Account: 2-1100-419.40-220-001-0 -532

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

Requisition Total: 4548.70 Requisition Number: 208717

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] Daniel Flores 8/20/12

Signature Print Name Date

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

[Signature] Valde Guerra 11/20/12

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice 11 400 Share Unit. + 400 tx msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

(956) 587-8905

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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
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COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Saul Ramos Employee ID# 149276 Signature: [Signature]
 Department: Facilities Mngt. Dept#: 220
 Quantity: 1
 Service: \$ 34.99 (x) 10 months = 349.90 Account: 2-1100-419-40-220-001-0 -532
 Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664
 Requisition Total: 4548.70 Requisition Number: 208717

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] Daniel Flores 01/20/12
 Signature Print Name Date

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

[Signature] Valde Guerra 1/20/12
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice 11 400 Share Lmt. + 200 tx msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____
 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/fglg/article/0,,id=167154,00.html>, EXAMPLE 2.

(956) 239-1946

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: Guani Kato Employee ID# 157767 Signature: [Signature]

Department: Facilities Mngt. Dept#: 220

Quantity: 1

Service: \$ 34.99 /mo (x) 10 months = 349.90 Account: 2-1100-419.40-220-001 -532

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

Requisition Total: 4548.70 Requisition Number: 208717

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] Valde Guerra 1/24/12

Signature Print Name Date

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

[Signature] Valde Guerra 1/24/12

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice 11400 Share Unit. + 200 tr. insg.

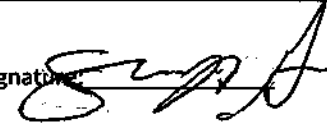


Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

(956) 289-0210

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: <u>Noe Garcia</u>	Employee ID# <u>161045</u>	Signature: 
Department: <u>Facilities Mngt</u>	Dept#: <u>220</u>	
Quantity: <u>1</u>		
Service: \$ <u>34.99</u> /mo (x) <u>10</u> months = <u>349.90</u>	Account: <u>2-1100-419-40-220-0010</u>	<u>-532</u>
Service: \$ _____ /mo (x) _____ months = _____	Account: _____	<u>-619/664</u>
Requisition Total: <u>4548.70</u>	Requisition Number: <u>208 717</u>	
STIPEND		
(1) Employee: _____	Employee ID# _____	Signature: _____
Department: _____	Dept#: _____	
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____	Account: _____	<u>-532</u>
Total: _____		
(2) Elected Official/Department Head Authorization for Request:		
	<u>Daniel Flores</u>	<u>01/20/12</u>
Signature	Print Name	Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
	<u>Valde Guerra</u>	<u>1/20/12</u>
Signature	Print Name	Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Americas Choice 11400 Share Unl. +200 tx msg.</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

Revised: 03/09/2011

(956) 209-0240

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: JOE CHARARRIA Employee ID# 167037 Signature: [Signature]

Department: Facilities Mngt Dept#: 220

Quantity: 1

Service: 34.99 /mo (x) 10 months = 349.90 Account: 2-1100-419-40220-001-0 -532

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

Requisition Total: 4845.70 Requisition Number: 208717

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] Daniel Flores 1/20/12

Signature Print Name Date

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

[Signature] Valde Guerra 1/20/12

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes Americas Choice 11400 Share Intl. + 200 text msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

(45le) 587-8841

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: Roberto Martinez Employee ID# 168041 Signature: [Signature]

Department: Facilities Mgmt Dept#: 220

Quantity: 1

Service: \$ 34.99 /mo (x) 10 months = 349.90 Account: 2-1100-419-40-220-001-0 -532

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

Requisition Total: 4548.70 Requisition Number: 208 717

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] Daniel Flores 01/20/12

Signature Print Name Date

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

[Signature] Valde Guerra 1/20/12

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice II 400 Share Unit. + 200 tx msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

(956) 289-0197

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: Fernando Martinez Employee ID# 186066 Signature: [Signature]
 Department: Facilities Mgmt. Dept#: D 220
 Quantity: 1
 Service: \$ 34.99 /mo (x) 10 months = 349.90 Account: 2-1100-414-40 220-001-0 -532
 Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664
 Requisition Total: 4548.70 Requisition Number: 208717

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] Daniel Flores 01/20/12
 Signature Print Name Date

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

[Signature] Valde Guerra 1/20/12
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice II 400 Share Vnl. + 200 tx msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____
 Approved Date: _____ Disapproved

(954) 587-8837

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: Paul A. Esquivel Employee ID# 148294 Signature: Paul Esquivel

Department: Facilities Mngt. Dept#: 220

Quantity: 1

Service: \$ 34.99 (x) 10 months = 349.90 Account: 2-1100-419-40-220-001-0-532

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

Requisition Total: 4548.70 Requisition Number: 208717

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] Valde Guerra 1/24/12

Signature Print Name Date

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

[Signature] Valde Guerra 1/24/12

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice II 400 Share Unit. + 200 to msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

(956) 289-0685

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 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: SERRANO GALLARDO Employee ID# 1106138 Signature: S Gallardo
 Department: Facilities Mngt. Dept#: 220
 Quantity: 1
 Service: \$ 34.99 /mo (x) 10? months = 349.90 Account: 2-1100-419-40-220-001-0 -532
 Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664
 Requisition Total: 4548.70 Requisition Number: 208717

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] Daniel Flores 01/20/12
 Signature Print Name Date

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

[Signature] Valde Guerra 11/20/12
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice 11 400 Share Unit. + 200 tx msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____
 Approved Date: _____ Disapproved

1456) 289-0622

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: Pablo Herrera Employee ID# 1407991 Signature: Pablo Herrera

Department: Facilities Mngt. Dept#: _____

Quantity: 1

Service: \$ 34.99 /mo (x) 10 months = 349.90 Account: 2-1100-419-40-220001-0 -532

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

Requisition Total: 4548.70 Requisition Number: 208717

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] Daniel Flores 01/20/12
 Signature Print Name Date

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

[Signature] Valde Guerra 1/20/12
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Americas Choice 11 400 Unl. Share + 200 tx msg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

Revised: 03/09/2011

(956) : 292-8367

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input 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: SEPRINO GARZA Employee ID# 144584 Signature: Seprino Garza

Department: Facilities Mngt. Dept#: 220

Quantity: 1

Service: 31.99 /mo (x) 10 months = 349.90 Account: 2-100-419-40-220-0010 -532

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

Requisition Total: 4548.70 Requisition Number: 208717

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] Danie Ifiore 01/20/12

Signature Print Name Date

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

[Signature] Valde Guerra 1/20/12

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes Americas Choice 11400 Share Unl. + ²⁰⁰tx mscg.

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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

Revised: 03/09/2011

SERVICE PLAN, CALLING FEATURES, AND EQUIPMENT QUOTES

Submit as Proposal For Hidalgo County Facilities DVR 12/08/12

Rate Plan:	# of Lines	Discounted Monthly Access	Included Minutes	Overage	Monthly Cost	Yearly Cost
AMERICAS CHOICE II 400 SHARE UNL IN NW *200 T.x/pp/fix 3845 0408	13	\$29.99	400	\$0.25	\$389.87	\$4,678.44
	0	\$0.00	0	\$0.00	\$0.00	\$0.00
	0	\$0.00	0	\$0.00	\$0.00	\$0.00
Total	13		5200		\$389.87	\$4,678.44

Features	# of Lines	Discounted Monthly Access	Monthly Cost	Yearly Cost
	0	\$0.00	\$0.00	\$0.00
	0	\$0.00	\$0.00	\$0.00
	0	\$0.00	\$0.00	\$0.00
Total	0	\$0.00	\$0.00	\$0.00

Rate Plan & Feature Estimated Yearly Cost \$4,678.44

Device	# of Lines	Cost per Unit	Total
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total	0	\$0.00	\$0.00

Accessory	# of Lines	Cost per Unit	Total
		\$0.00	\$0.00
		\$0.00	\$0.00
		\$0.00	\$0.00
Total	0	\$0.00	\$0.00

Equipment Estimated Cost \$0.00

INVESTMENT ESTIMATE		Total
Rate Plan & Feature Estimated Yearly Cost:		\$4,678.44
Equipment Estimated Cost:		\$0.00
Total		\$4,678.44
Equipment Estimated Cost:		\$4,678.44

Additional Notes:

* Charge does not include training charges, minutes used over allowance, etc. Please consult with your Sales Representative for more information.
 ** Equipment pricing and availability is subject to change.
 *** All applicable price plan and feature discounts have already been applied.

Service Pricing provided is for Government Liability Accounts Only and is subject to the terms, provisions and conditions of the State of Texas Department of Information Resources (DIR) Contract No. DIR-SDD-904 Coverage, service and offers not available in all areas. Full terms and conditions, along with additional price plans offered by Verizon Wireless can be found on the <http://www.dir.state.tx.us/> internet website. These quotes do not reflect Federal Universal Service, 911 and Regulatory Fees, charges, or pass-through assessments. Please see information on Regulatory Surcharges and Fees below for additional details.

All quotes contained in this proposal are subject to the terms and conditions of the State of Texas DIR contract. Your accounts must be in good standing with Verizon Wireless to migrate your existing lines of service to the pricing offered in this proposal. If your Agency currently has service with Verizon Wireless, Price Plan changes and discounts may take up to two bill cycles to appear on your Verizon Wireless billing statement for accounts transitioning to an approved State of Texas contract vehicle. As part of our compliance with FCC requirements, Verizon Wireless allows only GPS compliant devices to be activated on our network. If your current device is not GPS compliant you will not be able to activate service on our network with your existing equipment.

This Quotation is valid for ninety (90) days from date listed on quote (except for promotional pricing which may expire sooner). Data furnished in this document shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate the document.