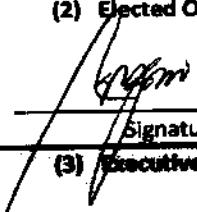


# WIRELESS DEVICE REQUEST FORM W.2011.2

<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
<b>COUNTY OWNED WIRELESS DEVICE</b>		
Office Use / Employee: <u>OFFICE USE/AUDITOR</u> Employee ID# _____ Signature: _____		
Department: <u>AUDITOR'S OFFICE</u> Dept#: <u>170</u>		
Quantity: <u>1 (956) 587-2852</u>		
Service: \$ <u>0</u> /mo (x) _____ months = _____	Account: _____	<u>-532</u>
Service: \$ <u>0</u> /mo (x) _____ months = _____	Account: _____	<u>-619/664</u>
Requisition Total: _____		Requisition Number: _____
<b>STIPEND</b>		
(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>RAY EUFRACIO, CPA</u>	<u>4-25-2012</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>Equipment upgrade to MIFI 4510L - No charge</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/pub/irs-gov/article01\\_16715400.html](http://www.irs.gov/pub/irs-gov/article01_16715400.html), EXAMPLE 2



# 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: <u>Laura Hinojosa</u> Employee ID# <u>152692</u> Signature:		
Department: <u>District Clerk</u> Dept#: <u>0910</u>		
Quantity: <u>1 (450)587-1269</u>		
Service: \$- <u>0</u> /mo (x) _____ months = _____ Account: _____		
Service: \$- <u>0</u> /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: _____ Requisition Number: _____		
STIPEND		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
<b>(2) Elected Official/Department Head Authorization for Request:</b>		
Signature	<u>LAURA HINOJOSA</u> Print Name	<u>04/23/12</u> Date
<b>(3) Executive Office Authorization (Commissioner's Court Departments Only):</b>		
_____ Signature	_____ Print Name	_____ Date
<b>(4) IT DEPARTMENT ONLY:</b>		
Service Type Codes: <u>Equipment upgrade to MIFI4510L @ no charge</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/tsg/article0..id=167154,00.html>, EXAMPLE 2.