



WIRELESS DEVICE REQUEST FORM W.2011.2

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

Office Use / Employee: **Office Use** Employee ID# **N/A** Signature: _____

Department: **Hidalgo County Pct 4** Dept#: **124**

Quantity: **1** **NEW SERVICE**

Service: \$ **37.99** /mo (x) **6** months = **\$227.94** Account: **2-1200-431-00-124-007-0-532**

Service: \$ **5.00** /mo (x) **6** months = **\$30.00** Account: **2-1200-431-00-124-007-0-532**

Requisition Total: \$515.88 **Requisition Number: 218548**

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Joseph Palacios *Joseph Palacios* *6/28/12*
 Signature Print Name Date

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

Signature _____ Print Name _____ Date _____

(4) IT DEPARTMENT

ONLY: Service Type Codes: *Unlimited Data Plan*

Commissioner's Court Action: **Commissioner's Court Date:** *7/17/12*

Approved Date: _____ **Disapproved**

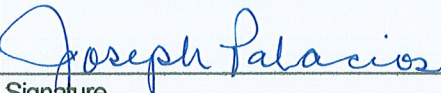
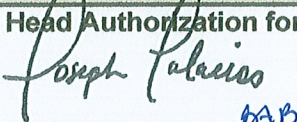
Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/fslg/article/0,,id=167154,00.html>, EXAMPLE 2.

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Department: Hidalgo County Pct 4 Dept#: 124		
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Requisition Total: \$515.88 Requisition Number: 218548		

STIPEND		
(1) Employee:	Employee ID# _____	Signature:
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ <input type="checkbox"/> 532		
Total: _____		

(2) Elected Official/Department Head Authorization for Request:		
 Signature	 Print Name	6/28/12 Date

(3) Executive Office Authorization (Commissioner's Court Departments Only):		
Signature	Print Name	Date

(4) IT DEPARTMENT		
ONLY: Service Type Codes: Unlimited Data Plan		

Commissioner's Court Action: _____ Commissioner's Court Date: **7/17/12**
 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/fslq/article/0,,id=167154,00.html>, EXAMPLE 2.

Requisition

Req # 00218548

PO #

Date: 06/27/12

Bill To: x
 x

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

Ship To: HIDALGO CO. PCT 4
 1051 N. DOOLITTLE
 EDINBURG TX 78542

Contact: MUNOZ JR. R.
 956-383-3112

Contract No: DIR SDD-1779

Special Instructions:
PCT. REQ.# 0996

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		AS PER DIR-SDD-1779 CATALOG PRICING DO NOT DUPLICATE ORDER		
6.00	MONTH	VERISON UNLIMITED MOBILE DATA PLAN UNDER DIR-SDD-604 AS PER DIR-SDD-1779 CATALOG PRICING OF \$37.99 @ MONTH PLUS TAXES IF APPLICABLE OF \$5.00 FOR OFFICE FOR ONE (1) NEW SERVICE	42.99	257.94
6.00	MONTH	VERISON UNLIMITED MOBILE DATA PLAN UNDER DIR-SDD-604 AS PER DIR-SDD-1779 CATALOG PRICING OF \$37.99 @ MONTH PLUS TAXES IF APPLICABLE OF \$5.00 FOR OFFICE FOR ONE (1) NEW SERVICE	42.99	257.94
		Account No	Encumbrance	
		2-1200-431-00-124-007-0-532	515.88	
			Freight	.00
			Total	515.88
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____