

Requisition

Req # 00222222

PO #

Date: 08/30/12

Bill To: x
x

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

Ship To: COUNTY CLERK
100 N. CLOSNER, 1ST FL
EDINBURG TX 78539

Contact: RENE PEREZ
956-318-2100


Contract No: DIR-SDD-1779

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
4.00	MONTH	DIR-SDD-1779 DO NOT DUPLICATE ORDER CO NEW DATA CARD SERVICE WITH VERIZON WIRELESS - FOR USE BY HIDALGO COUNTY CLERK'S OFFICE <u>Account No</u> 2-1100-415-40-180-001-0-532 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	43.00 <u>Encumbrance</u> 172.00 Freight .00 Total 172.00	172.00 172.00

Authorized By: _____

 **WIRELESS DEVICE REQUEST FORM W.2011.2**

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use <i>or</i> <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 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>County Clerk's Dept#:</u> <u>180</u>		
Quantity: <u>1</u>		
Service: \$ <u>43</u> /mo (x) <u>4</u> months = <u>\$172</u> Account: <u>2-1100-415-40-180-001-0532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>172.00</u> Requisition Number: <u>222222</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>Annette C. Muñiz</u>	<u>8/31/2012</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>new service- Unlimited Data Plan</u>		

Commissioner's Court Action: _____ Commissioner's Court Date: 10/2/12

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