



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device:

- Office Use or Individual
- Name Change 239-1180
- Equipment Change
- Plan Change
- Delete Service

Wireless Data Device:

- Data Card
- Blackberry
- Other:

Stipend:

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Fire Marshal Employee ID# _____ Signature: _____Department: Fire Marshal Dept#: 300Quantity: 1

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

Service: \$ 0 /mo (x) _____ months = 0 Account: 2-1100-422-10-300-001-0-619/664Requisition Total: n/a Requisition Number: n/a

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Juan Martinez9/24/12

Signature

Print Name

Date

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

Valde Guerra9/27/12

Signature

Print Name

Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: upgrading to iPhone 4 @ no cost

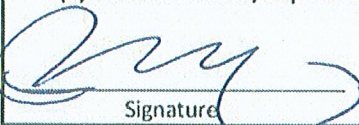
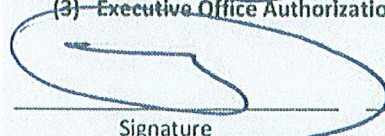
Commissioner's Court Action:

Commissioner's Court Date: _____

 Approved Date: _____ DisapprovedCurrent 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/sgl/article/0,,id=167154,00.html>, EXAMPLE 2.



WIRELESS DEVICE REQUEST FORM W.2011.2

| TYPE OF REQUEST | | |
|---|--|---|
| County Owned Wireless Device: <input type="checkbox"/> Office Use <i>or</i> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <u>289-3873</u> <input checked="" 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>Dep. Fire Marshal</u> Employee ID# _____ Signature: _____ | | |
| Department: <u>Fire Marshal</u> Dept#: <u>300</u> | | |
| Quantity: <u>1</u> | | |
| Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 | | |
| Service: \$ <u>0</u> /mo (x) <u>0</u> months = _____ Account: <u>2-1100-422-10-300-001-0</u> -619/664 | | |
| Requisition Total: <u>N/A</u> Requisition Number: <u>N/A</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>Juan Martinez</u> | <u>9/24/12</u> |
| Signature | Print Name | Date |
| (3) Executive Office Authorization (Commissioner's Court Departments Only): | | |
|  | <u>Valde Guerra</u> | <u>9/27/12</u> |
| Signature | Print Name | Date |
| (4) IT DEPARTMENT ONLY: | | |
| Service Type Codes: <u>Upgrading to iPhone 4 @ no cost</u> | | |

Commissioner's Court Action:

Commissioner's Court Date: _____

Approved Date: _____

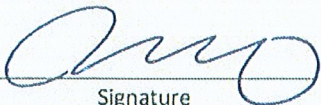
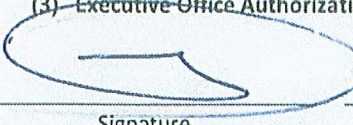
Disapproved

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

Revised: 03/09/2011



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 <u>227-7024</u> <input checked="" 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>Dep. Fire Marshal</u> Employee ID# _____ Signature: _____ | | |
| Department: <u>Fire Marshal</u> Dept#: <u>300</u> | | |
| Quantity: <u>1</u> | | |
| Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 | | |
| Service: \$ <u>0</u> /mo (x) <u>0</u> months = <u>0</u> Account: <u>2-1100-422-10-300-001-0</u> -619/664 | | |
| Requisition Total: <u>n/a</u> Requisition Number: <u>n/a</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: | | |
|  Signature | <u>Juan Martinez</u> Print Name | <u>9/24/12</u> Date |
| (3) Executive Office Authorization (Commissioner's Court Departments Only): | | |
|  Signature | <u>Valde Guerra</u> Print Name | <u>9/29/12</u> Date |
| (4) IT DEPARTMENT ONLY: | | |
| Service Type Codes: <u>Upgrading to iPhone 4 @ no cost</u> | | |


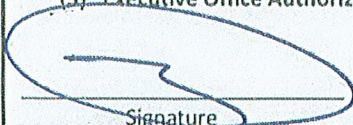
Commissioner's Court Action: _____ Commissioner's Court Date: _____

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



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 <u>289-3857</u> <input checked="" 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>Dep. Fire Marshal</u> Employee ID# _____ Signature: _____ | | |
| Department: <u>Fire Marshal</u> Dept#: <u>300</u> | | |
| Quantity: <u>1</u> | | |
| Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 | | |
| Service: \$ <u>0</u> /mo (x) <u>0</u> months = <u>0</u> Account: <u>2-1100-422-10-300-001-0</u> -619/664 | | |
| Requisition Total: <u>N/A</u> Requisition Number: <u>N/A</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>Juan Martinez</u> | <u>9/24/12</u> |
| Signature | Print Name | Date |
| (3) Executive Office Authorization (Commissioner's Court Departments Only): | | |
|  | <u>Valde Guerra</u> | <u>9/29/12</u> |
| Signature | Print Name | Date |
| (4) IT DEPARTMENT ONLY: | | |
| Service Type Codes: <u>upgrading to iPhone 4 @ no cost.</u> | | |

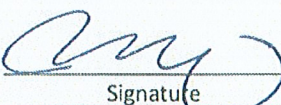
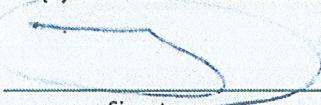
Commissioner's Court Action: _____ Commissioner's Court Date: _____

Approved Date: _____ Disapproved

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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 <u>393-1848</u> <input checked="" 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>Dep. Fire Marshal</u> Employee ID# _____ Signature: _____ | | |
| Department: <u>Fire Marshal</u> Dept#: <u>300</u> | | |
| Quantity: <u>1</u> | | |
| Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 | | |
| Service: \$ <u>0</u> /mo (x) <u>0</u> months = <u>0</u> Account: <u>2-1100-422-10-300-001-0</u> -619/664 | | |
| Requisition Total: <u>n/a</u> Requisition Number: <u>n/a</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>Juan Martinez</u> | <u>9/24/12</u> |
| Signature | Print Name | Date |
| (3) Executive Office Authorization (Commissioner's Court Departments Only): | | |
|  | <u>Valde Guerra</u> | <u>9/28/12</u> |
| Signature | Print Name | Date |
| (4) IT DEPARTMENT ONLY: | | |
| Service Type Codes: <u>upgrading to iPhone 4 @ no cost</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/isl/article/0,,id=167154,00.html>, EXAMPLE 2

| Customer Information | | EFT/Contract Information | |
|---|--|----------------------------------|---|
| Customer Name: | Hidalgo County Emergency Management | Financial Institution: | United Missouri Bank - 1008 Oak Street, Kansas City, MO 64106 |
| Financial Contact Name: | Juan Martinez | ACH Coordinator: | Judy Sweeze - 816-860-3821 |
| Address: | 1615 S CLOSNER BLVD STE G | Routing Transit Number: | |
| City: | Edinburg | Depositor Account Title: | Sprint PCS |
| State: | TX | Depositor Account Number: | 9870994712 |
| Zip: | 78539 | Remit To Address: | P.O. Box 219554, Kansas City, MO 64121 |
| Financial Contact Phone: | Monica Hinojosa | Vendor PO Address: | 12524 Sunrise Valley Drive, Reston, VA 20196 |
| Email Address: | Monica Hinojosa <monica.hinojosa@co.hidalgo.tx.us> | Contract Vehicle & Number: | DIR-SDD-611 |
| Acct # (if applicable): | | Cage Code: | |
| Sales Representative Information | | DUNS #: | |
| Name & Title: | Mike Salvors | Tax ID #: | |
| Phone: | 956-451-8549 | Doing Business As: | Sprint |
| Email Address: | michael.salvors@sprint.com | | |
| Quote Date: | September 20, 2012 | Contract Vehicle being utilized: | DIR SDD 1780 |
| Expiration Date: | 20-Oct-12 | | Control #: 120920MLS |
| | | | (YYMMDDConsecutive#Initials) |

| Equipment - One Time Charges (Billed By Telenav - See attached Invoice) | | | | | | |
|---|----------|---|----------|------------------|-----------------|---------------------|
| Qty | Model | Suggested Retail Price | Discount | Additional Promo | Unit Item Price | Extended Item Price |
| 5 | iPhone 4 | \$199.99 | \$199.99 | | | \$0.00 |
| 5 | Total | Equipment - One Time Charges (Billed By Telenav - See attached Invoice) | | | | \$0.00 |

This state conc NOT YOU DISCOUNTS BASED ON A TERM COMMITMENT THAT APPLY TO THE PURCHASE OF SPRINT PCS DEVICES IS A FORWARD DISCOUNT. SHOULD TIME (PRIOR TO THE END OF THE CONTRACT TERM) FOR CONVENIENCE, YOUR AGENCY WILL BE RESPONSIBLE TO PAY BACK THE FORWARD SPRINT PCS DEVICE PURCHASED. See Terms & Conditions page, your Sprint Nextel representative or visit www.sprint.com for more information.

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