

Requisition

Req # 00230456

PO #

Date: 01/29/13

Bill To: x
x

Vendor : 210501
SPRINT
P O BOX 660092
DALLAS TX 75266-0092

Ship To: COUNTY JUDGE
100 E. CANO STREET
2ND FLOOR
EDINBURG TX 78539

Contact:

Contract No: DIR-SDD-611

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
6.00	MONTH	DIR-SDD-611 ACCOUNT # 482298699 DO NOT DUPLICATE ORDER 956-289-6549 EMC 956-457-1080 DEPUTY EMC BUSINESS ADVANTAGE MESSAGING AND DATA 900 W/ ANYMOBILE, ANYTIME \$89.99 BUS ADV MSG AND DATA \$10.00 PREM DATA ADD ON CHARGE (\$20.70) BUSINESS DISCOUNT \$1.40 FEDERAL SERVICE FEE \$80.69 * 2 LINES = \$161.38 MO X 6 MONTHS	161.38	968.28
6.00	MONTH	956-720-2165 DEPUTY EMC 956-328-9129 DEPUTY EMC 956-227-5914 ADMINISTRATIVE SUPPORT BUSINESS ADVANTAGE MESSAGING AND DATA 450 W/ ANYMOBILE, ANYTIME \$69.99 BUS ADV MSG AND DATA \$10.00 PREM DATA ADD ON CHARGE (\$16.10) BUSINESS DISCOUNT \$1.09 FEDERAL SERVICE FEE \$64.98 * 3 LINES = \$194.94 MO X 6 MONTHS Account No _____ 3-1100-429-00-110-075-0-532	194.94	1,169.64
			Encumbrance	
			2,137.92	
			Freight	.00
			Total	2,137.92
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device:

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

Wireless Data Device:

- Data Card
- Blackberry
- Other:

956-289-6549

Stipend:

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: EMC Employee ID# _____ Signature: _____

Department: Emergency Management Dept#: 110

Quantity: 1

Service: \$ 80.69 /mo (x) 6 months = 484.14 Account: 3-1100-429-00-110-075-0 -532

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

Requisition Total: \$2,137.92 Requisition Number: 230456

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]

Signature

Oscar D. Montoya

Print Name

1/29/13

Date

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

Signature

Print Name

Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: _____

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.



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device:

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

Wireless Data Device:

- Data Card
- Blackberry
- Other:

956-457-1080

Stipend:

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Deputy EMC Employee ID# _____ Signature: _____

Department: Emergency Management Dept#: 110

Quantity: 1

Service: \$ 80.69 /mo (x) 6 months = 484.14 Account: 3-1100-429-00-110-075-0 -532

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

Requisition Total: \$2137.92 Requisition Number: 230456

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]
Signature

Oscar D. Montoya
Print Name

1/29/13
Date

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

Signature

Print Name

Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: _____

[Signature]

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.



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device:

- Office Use *or* Individual
- Name Change
- Equipment Change
- Plan Change
- Delete Service

Wireless Data Device:

- Data Card
- Blackberry
- Other:

956-720-2165

Stipend:

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Deputy EMC Employee ID# _____ Signature: _____

Hidalgo County
Department: Emergency Management Dept#: 110

Quantity: 1

Service: \$ 64.98 /mo (x) 6 months = 389.88 Account: 3-1100-429-00-110-075-D -532

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

Requisition Total: \$ 2,137.92 Requisition Number: 230456

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

Oscar D. Montoya
Print Name

1/29/13
Date

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

Signature

Print Name

Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: _____

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.



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device:

- Office Use *or* Individual
- Name Change
- Equipment Change
- Plan Change
- Delete Service

Wireless Data Device:

- Data Card
- Blackberry
- Other:

956-328-9129

Stipend:

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: EMC Employee ID# _____ Signature: _____

Department: Emergency Management Dept#: 110

Quantity: 1

Service: \$64.98/mo (x) 6 months = 389.88 Account: 2-1100-429-00-110-075-0 -532

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

Requisition Total: \$2137.92 Requisition Number: 230456

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]
Signature

Oscar D. Montoya
Print Name

1/29/13
Date

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

Signature

Print Name

Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: _____

[Handwritten Mark]

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



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device:

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

Wireless Data Device:

- Data Card
- Blackberry
- Other:

956-227-5914

Stipend:

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Administrative Employee ID# _____ Signature: _____

Department: Emergency Management Dept#: 110

Quantity: 1

Service: \$ 64.98 /mo (x) 6 months: 389.88, Account: 31100-429-00-110-075-0 -532

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

Requisition Total: \$2137.92 Requisition Number: 230456

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]
Signature

OSCAR D. MONTAÑO
Print Name

1-29-13
Date

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

Signature

Print Name

Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: _____

[Signature]

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