

 **WIRELESS DEVICE REQUEST FORM W.2011.2**

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <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: <u>USB</u> <u>956-342-9363</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: OFFICE USE Employee ID# _____ Signature: _____
Emergency Management
 Department: _____ Dept#: 110

Quantity: 1

Service: \$37.99/mo (x) 12 months = 455.88 Account: 3-1100-429-00-110-0750- 532
 Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664

Requisition Total: 3047.04 Requisition Number: 230462

STIPEND


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

Quantity: _____

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

Total: _____

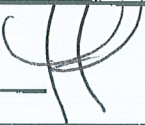
(2) Elected Official/Department Head Authorization for Request:

 Jaime Longoria 01/29/13
 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: 4G. Unt. Mobile Broadband Plan 

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

Approved Date: _____ **Disapproved**

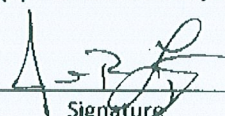
Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/bslg/article/0,,id=167154,00.html>, EXAMPLE 2.

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <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: <u>USB</u> <u>956-342-9807</u>	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>Emergency Management</u>	Dept#: <u>110</u>	
Quantity: <u>1</u>		
Service: \$ <u>39.99</u> /mo (x) <u>12</u> months = <u>455.88</u>	Account: <u>3-1100-429-00-110-075-0</u>	<u>-532</u>
Service: \$ _____/mo (x) _____ months = _____	Account: _____	<u>-619/664</u>
Requisition Total: <u>3647.04</u>	Requisition Number: <u>230462</u>	

STIPEND		
(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:		
 _____ Signature	<u>Jaime Longoria</u> _____ Print Name	<u>1/29/13</u> _____ Date

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

(4) IT DEPARTMENT ONLY:
Service Type Codes: <u>49. Uni. Mobile Broadband Plan</u>

Commissioner's Court Action: Approved Date: _____ Disapproved **Commissioner's Court Date:** _____

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: <input checked="" type="checkbox"/> Office Use or <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: <u>Mifi</u> <u>956-342-3674</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Employee ID# _____ Signature: _____
 Department: Emergency Management Dept#: 110

Quantity: 1

Service: \$ 31.99/mo (x) 12 months = 455.88 Account: 3-1100-429-00-110-075 0 -532

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

Requisition Total: 3147.04 Requisition Number: 230462

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] Jaime Longoria 1/29/13
 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

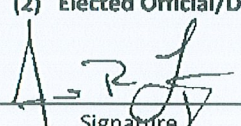
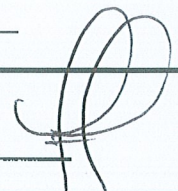
Service Type Codes: 4G. Unt. Mobile Broadband Plan [Signature]

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

WIRELESS DEVICE REQUEST FORM W.2011.2


TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <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 type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other: <u>MiFi</u> <u>956-342-3619</u>	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: _____ <u>Emergency Management</u> Department: _____ Dept#: <u>110</u>		
Quantity: <u>1</u>		
Service: \$ <u>31.99</u> /mo (x) <u>12</u> months = <u>455.88</u> Account: <u>31100-429-00-110-075-0</u> -532		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3047.04</u> Requisition Number: <u>230462</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>Jaime Longoria,</u> Print Name	<u>01/29/13</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	_____ Print Name	_____ Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>4G. Uni. Mobile Broadband Plan</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/fig/article/0,,id=167154,00.html>, EXAMPLE 2.

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <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 type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other: <u>MiFi</u> <u>956-342-6510</u>	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>Emergency Management</u> Dept#: <u>110</u>		
Quantity: <u>1</u>		
Service: \$ <u>39.99</u> /mo (x) <u>12</u> months = <u>455.88</u> Account: <u>3-1100-429-00-110-075-0</u> -532		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3647.04</u> Requisition Number: <u>230462</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>Jaime Longoria</u> Print Name	<u>1/29/13</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____	_____	_____
Signature	Print Name	Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>49. Uni. Mobile Broadband Plan</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/afslg/article/0,,id=167154,00.html>, EXAMPLE 2.



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <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 Other: <u>MIFI</u> <u>956-342-9147</u>	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: _____ <u>Emergency Management</u> Dept#: <u>110</u>		
Quantity: <u>1</u>		
Service: \$ <u>39.99</u> /mo (x) <u>12</u> months = <u>455.88</u> Account: <u>3-1100-429-00-110-075-0</u> -532		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>3047.04</u> Requisition Number: <u>230462</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>[Signature]</u> Signature	<u>Jaime Longoria,</u> Print Name	<u>1/29/13</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	_____ Print Name	_____ Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>4A Int. Mobile Broadband Plan</u> <u>[Signature]</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/irsig/article/0,,id=167154,00.html>. EXAMPLE 2.

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <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: <u>MiFi</u> <u>(New line)</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Employee ID# _____ Signature: _____
Emergency Management
 Department: _____ Dept#: 110

Quantity: 1

Service: \$ 37.99/mo (x) 12 months = 455.88 Account: 3-1100-429-00-110-075-0 -532

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

Requisition Total: 3647.04 Requisition Number: 230462

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>[Signature]</u> Signature	<u>Jaimie R Longoria</u> Print Name	<u>1/29/13</u> Date
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(3) Executive Office Authorization (Commissioner's Court Departments Only):

_____ Signature	_____ Print Name	_____ Date
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(4) IT DEPARTMENT ONLY:

Service Type Codes: 49- Int. Mobile Broadband Plan [Signature]

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

Approved Date: _____ Disapproved



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: MiFi
(new line)

Stipend:

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Employee ID# _____ Signature: _____
 Department: Emergency Management Dept#: 110

Quantity: 1Service: \$ 31.99 /mo (x) 12 months = 455.88 Account: 3-1100-429-00-110-075 0- -532

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

Requisition Total: 31049.04 Requisition Number: 230462

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] Jaime Longoria 01/29/13
 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: 49. UN. Mobile Broadband Plan

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

 Approved Date: _____ Disapproved

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