

# Requisition

Req # 00233365

PO #

Date: 01/29/13

Bill To: x  
x

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

Ship To: FIRE MARSHAL  
1124 NORTH "M" RD.  
EDINBURG TX 78542

Contact: Yolanda Orozco  
956-318-2656

Contract No: DIR-SDD-1779

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DIR-SDD-1779 DO NOT DUPLICATE ORDER		
9.00	MONTH	CO Machine to Machine 50MB Plan "Share Group 1". To be used for Brazos ticket writer. (\$15 per month ea. x 5 = \$75.00).	75.00	675.00
9.00	MONTH	Taxes & Fees for \$5.00 per month x 5 ticket writers = \$25.00	25.00	225.00
		<u>Account No</u> .....	<u>Encumbrance</u>	
		3-1100-422-10-300-001-0-532	900.00	
			Freight	.00
			Total	900.00
		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: Ticket Writer

Stipend:  
 Cellular Telephone \$50/mo  
 Data Pad \$25/mo

### COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Employee ID# — Signature: —

Department: Fire Marshal Dept#: 300

Quantity: 1

Service: \$ 15.00 /mo (x) 9 months = 135.00 Account: 3-1100-422-10-300-001-0-532

Service: \$ 5.00 /mo (x) 9 months = 45.00 Account: 3-1100-422-10-300-001-0-532-619/664

Requisition Total: \$ 900.00 Requisition Number: 233365

### 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] Juan Martinez 2/27/13  
 Signature Print Name Date

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

[Signature] Valde Guerra 3/4/13  
 Signature Print Name Date

### (4) IT DEPARTMENT ONLY:


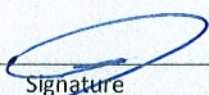
Service Type Codes: Machine to Machine 504B Plan "Share Group 1"  
@ \$15.00

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		
<b>County Owned Wireless Device:</b> <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	<b>Wireless Data Device:</b> <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input checked="" type="checkbox"/> Other: <u>Ticket Writer</u>	<b>Stipend:</b> <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# <u>    </u> Signature: <u>    </u>		
Department: <u>Fire Marshal</u> Dept#: <u>300</u>		
Quantity: <u>1</u>		
Service: \$ <u>15.00</u> /mo (x) <u>9</u> months = <u>135.00</u> Account: <u>3-1100-422-10-300-001-0-532</u>		
Service: \$ <u>5.00</u> /mo (x) <u>9</u> months = <u>45.00</u> Account: <u>3-1100-422-10-300-001-0-532-619/664</u>		
Requisition Total: <u>\$900.00</u> Requisition Number: <u>233365</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></u>	<u>Juan Martinez</u>	<u>2/27/13</u>
Signature	Print Name	Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
<u></u>	<u>Valde Guerra</u>	<u>3/4/13</u>
Signature	Print Name	Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Machine to Machine 50MB Plan "Share Group 1"</u> <u>@ \$15.00</u>		

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

Approved Date: \_\_\_\_\_  Disapproved

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Requisition Total: \$900.00 Requisition Number: 233365

**STIPEND**

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Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

Quantity: \_\_\_\_\_

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

Total: \_\_\_\_\_

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

[Signature] Juan Martinez 2/27/13

Signature                      Print Name                      Date

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

[Signature] Valde Guerra 3/4/13

Signature                      Print Name                      Date

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Service Type Codes: Machine to Machine 504B Plan "Share Group 1"


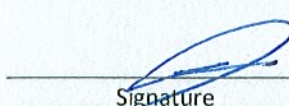
@ \$ 15.00

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Approved Date: \_\_\_\_\_                       Disapproved

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(3) Executive Office Authorization (Commissioner's Court Departments Only): <u></u> <u>Valde Guerra</u> <u>3/4/13</u> Signature Print Name Date		
(4) IT DEPARTMENT ONLY: Service Type Codes: <u>Machine to Machine 50MB Plan "Share Group 1"</u> <u>@ \$ 15.00</u>		

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_  
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