

# Requisition

Req # 00233355

PO #

Date: 03/15/13

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	4G Unlimited Mobile Broadband Plan (BGSA 666). (7 Data Cards & 2 MIFI's @ \$37.99 Each = \$341.91 per month).	341.91	3,077.19
9.00	MONTH	Taxes & Fees for 7 Data Cards & 2 MIF's = 9 Services x \$5.00 = \$45.00	45.00	405.00
		Account No _____	<u>Encumbrance</u>	
		3-1100-422-10-300-001-0-532	3,482.19	
			Freight	.00
			Total	3,482.19
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: \_\_\_\_\_

 **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 checked="" type="checkbox"/> Data Card (2) <input type="checkbox"/> Blackberry <input type="checkbox"/> Other: <u>+ MIFI'S</u> (2)	<b>Stipend:</b> <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: Fire Marshal Dept#: 300

Quantity: 1

Service: 37.99/mo (x) 9 months = 341.91 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: \$ 3,482.19 Requisition Number: 233355

**STIPEND**

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

Quantity:         

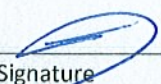
Service: \$         /mo (x)          months =          Account:          -532

Total:         

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

 Juan Martinez 2/27/13  
 Signature Print Name Date

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

 Valde Guerra 3/4/13  
 Signature Print Name Date

**(4) IT DEPARTMENT ONLY:**

Service Type Codes: 4G Uni. Mobile Broadband Plan @ 37.99

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

 **WIRELESS DEVICE REQUEST FORM W.2011.2**

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**COUNTY OWNED WIRELESS DEVICE**

Office Use / Employee: Office Use Employee ID# — Signature: —  
 Department: Fire Marshal Dept#: 300  
 Quantity: 1  
 Service: \$37.99/mo (x) 9 months = 341.91 Account: 3-1100-422-10-300-001-0-532  
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 Requisition Total: \$3,482.19 Requisition Number: 233355

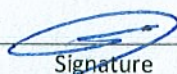
**STIPEND**

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_  
 Department: \_\_\_\_\_ Dept#: \_\_\_\_\_  
 Quantity: \_\_\_\_\_  
 Service: \$ \_\_\_\_\_/mo (x) \_\_\_\_\_ months = \_\_\_\_\_ Account: \_\_\_\_\_-532  
 Total: \_\_\_\_\_


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

 Juan Martinez 2/27/13  
 Signature Print Name Date

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

 Valde Guerra 3/4/13  
 Signature Print Name Date


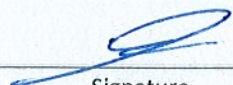
(4) IT DEPARTMENT ONLY:

Service Type Codes: 4G. Unl. Mobile Broadband Plan @ 37.99 

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

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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>\$37.99</u> /mo (x) <u>9</u> months = <u>341.91</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>\$3,482.19</u> Requisition Number: <u>233355</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: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">               Signature           </div> <div style="text-align: center;"> <u>Juan Martinez</u>              Print Name           </div> <div style="text-align: center;"> <u>2/27/13</u>              Date           </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">               Signature           </div> <div style="text-align: center;"> <u>Valde Guerra</u>              Print Name           </div> <div style="text-align: center;"> <u>3/4/13</u>              Date           </div> </div>		
(4) IT DEPARTMENT ONLY: Service Type Codes: <u>4G. Unt. Mobile Broadband Plan @ \$37.99</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:**

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

**Wireless Data Device:**

- Data Card (1)
- Blackberry
- Other: + MIFI'S (2)

**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: \$37.99/mo (x) 9 months = \$341.91 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: \$3,482.19 Requisition Number: 233355

### 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: 4G. Uni. Mobile Broadband Plan @\$37.99

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:**

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

**Wireless Data Device:**

- Data Card (C7)
- Blackberry
- Other: MIFI's (2)

**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: \$37.99/mo (x) 9 months = 341.91 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: \$3,482.19 Requisition Number: 233355

### 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:


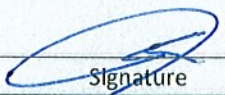
Service Type Codes: 4G. Uni. Mobile Broadband Plan @ \$37.99

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

- Approved Date: \_\_\_\_\_
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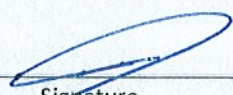
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COUNTY OWNED WIRELESS DEVICE		
(Office Use) Employee: <u>Office Use</u> Employee ID# _____ Signature: _____ Department: <u>Fire Marshal</u> Dept#: <u>300</u> Quantity: <u>1</u> Service: \$ <u>37.99</u> /mo (x) <u>9</u> months = <u>341.91</u> Account: <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>3,482.19</u> Requisition Number: <u>233355</u>		
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Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

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

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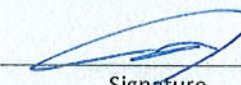
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Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_  
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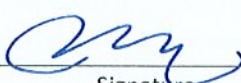

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COUNTY OWNED WIRELESS DEVICE		
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Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

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

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COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Office Use</u> Employee ID# _____ Signature: _____ Department: <u>Fire Marshal</u> Dept#: <u>300</u>		
Quantity: <u>1</u>		
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 Signature	<u>Juan Martinez</u> Print Name	<u>2/27/13</u> Date
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 Signature	<u>Valde Guerra</u> Print Name	<u>3/4/13</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>4G Unt. Mobile Broadband Plan @ \$37.99</u>		

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

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