

 **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:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
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COUNTY OWNED WIRELESS DEVICE

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

Department: CC7 Dept#: _____

Quantity: 1

Service: \$ 37.99/mo (x) 8 months = \$ 303.92 Account: 3-1100-412-00-027-001-0-532

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

Requisition Total: \$ 303.92 Requisition Number: 235610

STIPEND

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


Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

 Sergio J. Valdez 4-25-13

Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Unlimited Data Plan @ 31.99

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

Requisition

Req # 00235610

PO #

Date: 04/25/13

Bill To: x
x

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

Ship To: COUNTY COURT AT LAW #7
100 E. CANO, 1ST FLOOR
EDINBURG TX 78539

Contact: NOE MARTINEZ
956-292-7780

Contract No: DIR-SDD-1779

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
8.00	MONTH	DO NOT DUPLICATE ORDER UNLIMITED DATA PLAN	37.99	303.92
		Account No _____	<u>Encumbrance</u>	.00
		3-1100-412-00-027-001-0-532	303.92	
			Freight	.00
			Total	303.92
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____