



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:

Stipend:

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Joan Lopez Employee ID# 172588 Signature: 

Department: I.T. Dept#: 200

Quantity: 1 950-578-7102

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

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

Requisition Total: _____ Requisition Number: _____

STIPEND

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


Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

 Renan Ramirez 6/20/13
 Signature Print Name Date

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

 Valde Guerra 6/24/13
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Deactivate MDN 950-578-7102 

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.



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COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Rudy Garza Employee ID# 189073 Signature: Rudy Garza

Department: I.T. Dept#: 200

Quantity: 1 956-638-6655

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

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

Requisition Total: _____ Requisition Number: _____

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] Renan Ramirez 6/20/13
 Signature Print Name Date

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

[Signature] Valde Guerra 6/24/13
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Deactivate MDN 956-638-6655 [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/irs/article/0,,id=167154,00.html>, EXAMPLE 2.

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use <i>or</i> <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input checked="" type="checkbox"/> Delete Service	Wireless Data Device: <input 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
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Antonio Silva</u> Employee ID# <u>186821</u> Signature:		
Department: <u>I.T.</u> Dept#: <u>200</u>		
Quantity: <u>1 950-907-1611</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: _____ Requisition Number: _____		
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>Renan Ramirez</u> Print Name	<u>6/20/13</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	<u>Valde Guerra</u> Print Name	<u>6/24/13</u> Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Deactivate MDN 950-907-1611</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/irs/article/0,,id=167154,00.html>, EXAMPLE 2.

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input checked="" type="checkbox"/> Delete Service	Wireless Data Device: <input 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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Valdemar Gracia Employee ID# 164275 Signature: _____

Department: I.T. Dept#: 200

Quantity: 1 956-207-9941

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

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

Requisition Total: _____ Requisition Number: _____

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

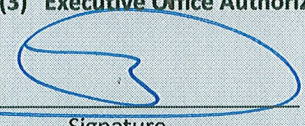
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532

Total: _____

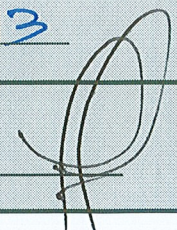
(2) Elected Official/Department Head Authorization for Request:


Roman Ramirez
6/26/13
 Signature Print Name Date

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


Valde Guerra
6/29/13
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Deactivate MDN 956-207-9941 

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

Approved Date: _____ Disapproved