

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 checked="" type="checkbox"/> Other: <u>GPS Units</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Pct 4</u> Employee ID# _____ Signature: <u>Beltran</u>		
Department: <u>Pct 4</u> Dept#: <u>124</u>		
Quantity: <u>4</u>		
Service: \$ <u>6.65</u> /mo (x) <u>11</u> months = <u>73.15</u> Account: <u>4-1100-432-00-124-001-2532</u>		
Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>73.15</u> Requisition Number: <u>252430</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>Joseph Palacios</u> Signature <u>HAB</u>	<u>Joseph Palacios</u> Print Name	<u>10/31/13</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	_____ Print Name	_____ Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: _____		

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

Approved Date: _____ Disapproved

Current County call phone policy stipulates that employees that have call 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.

Requisition

Req # 00252430

PO #

Date: 02/21/14

Bill To: x
x

Vendor : 366501
AT&T MOBILITY
PO BOX 6463
CAROL STREAM IL 60197-6463

Ship To: HIDALGO CO. PCT 4
1051 N. DOOLITTLE
EDINBURG TX 78542

Contact: VLopez
956-383-3112

Contract No: DIR-SDD-1777

Special Instructions:
Pct 4 Req # 214

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
11.00	MONTH	DIR-SDD-1777 For: 4 Additional GTSI Units DO NOT DUPLICATE ORDER CO Pooled Telemetry Connect- 1 MB, SOC#PTCJ <u>Account No</u> 4-1200-431-00-124-007-0-532 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	6.65 <u>Encumbrance</u> 73.15 Freight Total	73.15 .00 73.15

Authorized By: _____

