

Requisition

Req # 00257000

PO #

Date: 05/14/14

Bill To: x
x

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

Ship To: HIDALGO CO. PCT 2
300 WEST HALL ACRES, SUITE G
PHARR TX 78577

Contact: ANGELA GARCIA
956-787-1891

Contract No: DIR-SDD-1779

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		CO. WIDE SHOP DEPT. DO NOT DUPLICATE ORDER		
8.00	MONTH	NATIONWIDE TALK SAML BUSINESS SHARE PRIMARY 1400 \$61.60 /MONTH + \$5.00 TAXES/FEES (OFFICE USE) (MAY-DEC 2014)	66.60	532.80
8.00	MONTH	NATIONWIDE TALK SMALL BUSINESS SECONDARY LINE 1400 @ \$9.99 /MONTH + \$5.00 TAXES/FEES (OFFICE USE) (MAY - DEC 2014)	14.99	119.92
		<u>Account No</u> 4-1200-431-00-122-004-0-532	<u>Encumbrance</u> 652.72	
			Freight	.00
			Total	652.72
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

5-532.80

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 type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

956-310-8379

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

Department: Co. Wide Shop Dept#: 122-004

Quantity: 1

Service: \$61.60/mo (x) _____ months = _____ Account: 4-12200-431-00-122-004-0 -532

Service: \$5.00/mo (x) _____ months = _____ Account: 4-12200-431-00-122-004-0 -532

Requisition Total: \$652.70 Requisition Number: 257000

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Raul Silguero, Jr. 5/14/2014

Signature _____ Print Name _____ Date _____

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

 Signature _____ Print Name _____ Date _____

(4) IT DEPARTMENT ONLY:

Service Type Codes: Nationwide Talk Small Business Srv.
Primary 1400 @ \$66.60 month.

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

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or 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 type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE *Share Weather line*

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

Department: *Co. Wide Shop* Dept#: *122-004*

Quantity: 1

Service: \$ *9.99* /mo (x) _____ months = _____ Account: *4-120043100122-004-0-532*

Service: \$ *5.00* /mo (x) _____ months = _____ Account: *4-120043100122-004-0-532*

Requisition Total: \$ *652.72* Requisition Number: *257000*

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Raul Silerero, Jr. *5/14/2014*

Signature _____ Print Name _____ Date _____

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

Signature _____ Print Name _____ Date _____

(4) IT DEPARTMENT ONLY:

Service Type Codes: *Nationwide Talk Small Business Share*
Secondary 1400 @ 14.99 mo.

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

Approved Date: _____ Disapproved