



WIRELESS DEVICE REQUEST FORM W.1.2

(1) Type of Request:

Wireless device: Data card Blackberry Other: Data Connect

DATA CARDS, BLACKBERRY or OTHER (one form per individual)

(2) Requesting employee: _____ Employee ID# _____ Signature: _____

DEPARTMENT: Hidalgo County Sheriff's Office DEPT #: 280

Quantity: 20

Service: \$ 37.99 /mo (x) 3 months = 2,279.40 Account: _____ 4-1100-421-00-280-001-0--532

Service: \$ _____ /mo (x) _____ months = 0.00 Account: _____ -619/664

Requisition Total: 2,279.40 Requisition Number: 265175

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

[Signature] Gabriel Castaneda 10/10/2014

Signature Print Name Date

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

Signature Print Name Date

(5) IT DEPARTMENT ONLY:

Service Type Codes:

SPRINT UNLIMITED DATACARD PLAN -or-

SPRINT BE1000 + DATAPLAN

OTHER: Data Connect

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

Approved Date: _____ Disapproved

I understand that the value of the use of the wireless device(s) will be included in the wages of the employee that is assigned a county phone and the employee will be liable for the taxes incurred by the cost of this device(s).

