

# WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input checked="" type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	<b>Wireless Data Device:</b> <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	<b>Stipend:</b> <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Office Use</u> Employee ID# <u>N/A</u> Signature: <u>N/A</u>		
Department: <u>Hidalgo Co. Pet.#1</u> Dept#: <u>121</u>		
Quantity: <u>1</u>		
Service: \$ <u>29.99</u> /mo (x) <u>1</u> months = \$ <u>29.99</u>	Account: <u>4-1200-431-00-121-0040-532</u>	
Service: \$ <u>5.00</u> /mo (x) <u>1</u> months = \$ <u>5.00</u>	Account: <u>4-1200-431-00-121-0040-532-619/664</u>	
Requisition Total: <u>\$34.99</u> Requisition Number: <u>267706</u>		

Plan Taxes

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>PAUL LOZANO</u>	<u>12-04-14</u>
Signature	Print Name	Date

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

_____	_____	_____
Signature	Print Name	Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: America's Choice 11400 Share Lmt. @ 29.99 + 5.00

Commissioner's Court Action:  Approved Date: \_\_\_\_\_  Disapproved

Commissioner's Court Date: \_\_\_\_\_

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