

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 type="checkbox"/> Delete Service	Wireless Data Device: <input checked="" 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: CYNTHIA SEPULVEDA Employee ID# 057886 Signature: Cynthia A. Sepulveda
HIDALGO COUNTY
 Department: DIST. ATTORNEY'S Dept#: 080-002
OFFICE

Quantity: 1

Service: \$ 37.99 /mo (x) 10 months = 379.90 Account: 5-1100-412-00-080-002-0- 532

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

Requisition Total: 379.90 Requisition Number: 272581

STIPEND

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

Quantity: _____

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

Total: _____

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

Rosalinda Cantu Rosalinda Cantu 02/11/2015
 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: New Activation

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

Revised: 03/09/2011

Requisition

Req # 00272581

PO #

Date: 02/26/15

Bill To: x
x

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

Ship To: Hidalgo County District Attorney
100 North Closser 5th Floor
Edinburg Tx 78539

Contact: CLARIZA RAMOS
956-318-2300

Contract No: DIR-SDD 1779

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
10.00	MONTH	CONTRACT DIR-SDD 1779 DO NOT DUPLICATE ORDER CO 4G MOBILE BROADBAND ACCESS- DATA CARD Account No _____ 5-1100-412-00-080-002-0-532 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	37.99 <hr style="width: 50%; margin: 0 auto;"/> Encumbrance 379.90 Freight .00 Total 379.90	379.90

Authorized By: _____