

# WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <input 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 checked="" 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>Abel Sanchez</u> Employee ID# <u>194395</u> Signature:	Department: <u>Pct. 2</u> Dept#: <u>122-006</u>
Quantity: <u>1</u>	Service: \$ <u>34.99</u> /mo (x) <u>12</u> months = <u>419.88</u> Account: <u>5-120-431-00-122005-532</u>
Service: \$ _____ /mo (x) _____ months = _____	Account: _____ -619/664
Requisition Total: <u>3419.88</u>	Requisition Number: <u>268602</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>EW</u> Signature	<u>Comm. Eddie County</u> Print Name	<u>2/24/15</u> Date

(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	_____ Print Name	_____ Date

(4) IT DEPARTMENT ONLY:	
Service Type Codes: <u>Deactivate Wireless Service 950-310-1517</u>	

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