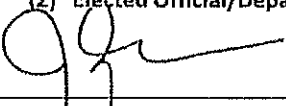


# WIRELESS DEVICE REQUEST FORM W.2011.2

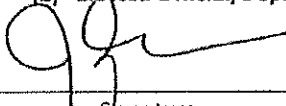
TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	<b>Wireless 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
<b>COUNTY OWNED WIRELESS DEVICE</b>		
Office Use / Employee: _____ Employee ID# _____ Signature: _____		
Department: <u>HIDTA</u> Dept#: <u>270</u>		
Quantity: <u>1</u>		
Service: \$ <u>54.99</u> /mo (x) <u>4</u> months = <u>219.96</u> Account: <u>5-1252-412-00-270-012-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>\$1,327.30</u> Requisition Number: <u>283136</u>		
<b>STIPEND</b>		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
<b>(2) Elected Official/Department Head Authorization for Request:</b>		
	<u>JOE V. DELGANO</u>	<u>8/31/15</u>
Signature	Print Name	Date
<b>(3) Executive Office Authorization (Commissioner's Court Departments Only):</b>		
_____	_____	_____
Signature	Print Name	Date
<b>(4) IT DEPARTMENT ONLY:</b>		
Service Type Codes: _____		

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

Approved Date: \_\_\_\_\_  Disapproved

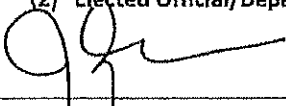
Current County cell phone policy stipulates that employees that have cell phones assigned to them will be taxed the value of the service. Please see the following IRS document for more information: <http://www.irs.gov/govt/sig/article/0,,id=167164,00.html>, EXAMPLE 2

# 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 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
<b>COUNTY OWNED WIRELESS DEVICE</b>		
Office Use / Employee: _____ Employee ID# _____ Signature: _____		
Department: <u>HIDTA</u> Dept#: <u>270</u>		
Quantity: <u>1</u>		
Service: \$ <u>54.99</u> /mo (x) <u>4</u> months = <u>219.96</u> Account: <u>5-1252-412-00-270-012-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>\$1,327.30</u> Requisition Number: <u>283136</u>		
<b>STIPEND</b>		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
<b>(2) Elected Official/Department Head Authorization for Request:</b>		
	<u>JOE V. DELGADO</u>	<u>8/31/15</u>
Signature	Print Name	Date
<b>(3) Executive Office Authorization (Commissioner's Court Departments Only):</b>		
_____	_____	_____
Signature	Print Name	Date
<b>(4) IT DEPARTMENT ONLY:</b>		
Service Type Codes: _____		

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

# WIRELESS DEVICE REQUEST FORM W.2011.2

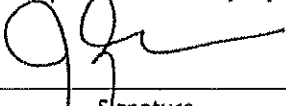
TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	<b>Wireless 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
<b>COUNTY OWNED WIRELESS DEVICE</b>		
Office Use / Employee: _____ Employee ID# _____ Signature: _____ Department: <u>HIDTA</u> Dept#: <u>270</u> Quantity: <u>1</u> Service: \$ <u>54.99</u> /mo (x) <u>4</u> months = <u>219.96</u> Account: <u>5-1252-412-00-270-012-0-532</u> Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: <u>\$1,327.30</u> Requisition Number: <u>283136</u>		
<b>STIPEND</b>		
(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                       _____                      Signature                 </div> <div style="text-align: center;"> <u>JOE V. DELGADO</u>                      _____                      Print Name                 </div> <div style="text-align: center;"> <u>8/31/15</u>                      _____                      Date                 </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                     _____                      Signature                 </div> <div style="text-align: center;">                     _____                      Print Name                 </div> <div style="text-align: center;">                     _____                      Date                 </div> </div>		
(4) IT DEPARTMENT ONLY: Service Type Codes: _____		

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=167164,00.html>, EXAMPLE 2

# 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 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
<b>COUNTY OWNED WIRELESS DEVICE</b>		
Office Use / Employee: _____ Employee ID# _____ Signature: _____		
Department: <u>HIDTA</u> Dept#: <u>270</u>		
Quantity: <u>1</u>		
Service: \$ <u>54.99</u> /mo (x) <u>4</u> months = <u>219.96</u> Account: <u>5-1252-412-00-270-012-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>\$1,327.30</u> Requisition Number: <u>283136</u>		
<b>STIPEND</b>		
(1) Employee: _____ Employee ID# _____ Signature: _____		
Department: _____ Dept#: _____		
Quantity: _____		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532		
Total: _____		
<b>(2) Elected Official/Department Head Authorization for Request:</b>		
	<u>JOE V. DELGAMO</u>	<u>8/31/15</u>
Signature	Print Name	Date
<b>(3) Executive Office Authorization (Commissioner's Court Departments Only):</b>		
_____	_____	_____
Signature	Print Name	Date
<b>(4) IT DEPARTMENT ONLY:</b>		
Service Type Codes: _____		

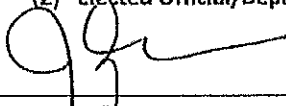
Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

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/article0,,id=167164,00.html>, EXAMPLE 2

Revised: 03/09/2011

# 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 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
<b>COUNTY OWNED WIRELESS DEVICE</b>		
Office Use / Employee: _____ Employee ID# _____ Signature: _____ Department: <u>HIDTA</u> Dept#: <u>270</u> Quantity: <u>1</u> Service: \$ <u>54.99</u> /mo (x) <u>4</u> months = <u>219.96</u> Account: <u>5-1252-412-00-270-012-0-532</u> Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: <u>\$1,327.30</u> Requisition Number: <u>283136</u>		
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(1) Employee: _____ Employee ID# _____ Signature: _____ Department: _____ Dept#: _____ Quantity: _____ Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -532 Total: _____		
(2) Elected Official/Department Head Authorization for Request: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                       _____                      Signature                 </div> <div style="text-align: center;"> <u>JOE V. DELGADO</u>                      _____                      Print Name                 </div> <div style="text-align: center;"> <u>8/31/15</u>                      _____                      Date                 </div> </div>		
(3) Executive Office Authorization (Commissioner's Court Departments Only): <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">                     _____                      Signature                 </div> <div style="text-align: center;">                     _____                      Print Name                 </div> <div style="text-align: center;">                     _____                      Date                 </div> </div>		
(4) IT DEPARTMENT ONLY: Service Type Codes: _____		

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