WIRELESS DEVICE REQUEST FORM W.2011.2

County Owned Wireless Device:	TYPE OF REQUEST Wireless Data Device:	Stipend:
□Office Use *or* □Individual □Name Change □Equipment Change □Plan Change □Delete Service	Data Card Blackberry **XOther: GPS**	□Cellular Telephone $50/mo □Data Pad $25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Employee ID# N/A Signature:N/A

Department: Executive Office for Fac.Mgmt & Health
Dept #125

Quantity: 8

Service: $ 5.00/mo (x) 12 months = 60.00 Account: 6-1100-413-00-125-001-0-532 (5)

Service: $ 7.00/mo (x) 12months = 84.00 Account: 6-1100-413-00-125-001-0-532 (3)

Requisition Total: $7,824.00 **Requisition Number: 292752**

STIPEND

(1) Employee: Employee ID#_____ Signature:

Department:
Dept#

Quantity:

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

Total:

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

Valde Guerra 2/10/16

Signature Print Name Date

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

Valde Guerra 2/10/16

Signature Print Name

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

Revised: 03/09/2011