

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: <u>New Activation</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Jose R. Flores Employee ID# 137847 Signature: [Signature]
 Department: 139th D. C. Dept#: 003

Quantity: 1
 Service: \$ 37.99 /mo (x) 4 months = 151.96 Account: 6-1100-412-10-003-01-0-532
 Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664
 Requisition Total: \$151.96 Requisition Number: 306171

STIPEND

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

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

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

[Signature] Jose R. Flores 9-19-16
 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: 4G Mobile Broadband Unlimited Plan
@ 37.99 per month

Commissioner's Court Action: _____ Commissioner's Court Date: _____

Approved Date: _____ Disapproved

Requisition

Req # 00306171

PO #

Date: 09/19/16

Bill To: x
x

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

Ship To: 139TH DISTRICT COURT
100 N. CLOSNER, 2ND FL
EDINBURG TX 78539

Contact: MARY RAMIREZ
956-318-2260

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00	MONTH	DO NOT DUPLICATE ORDER OPEN PURCHASE ORDER FOR UNLIMITED DATA PLAN AT 37.99 X 4 MONTHS (SEPT.- DEC. 2016) Account No _____ 6-1100-412-00-003-001-0-532	37.99 <u>Encumbrance</u> 151.96	151.96
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	Freight	.00
			Total	151.96

Authorized By: _____