

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other: Iphone	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE VERIZON-(956)609-5772

Office Use / Employee: Office Use Employee ID# _____ Signature [Signature]

Department: Planning Dept#: 210

Quantity: 1

Service: \$ 115.49 /mo (x) 5 months = \$ 577.45 Account: 6-1100-419-10-210-001-0- 532

Service: \$ 5.00 /mo (x) 5 months = \$ 25.00 Account: 6-1100-419-10-210-001-0- 532
619/664

Requisition Total: \$ 5,114.05 Requisition Number: Req #299022

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] T.J. Acevedo 8-26-16
 Signature Print Name Date

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

[Signature] Valde Guerra 9/1/16
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Transfer to Felicia Arredondo
956-609-5772

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

Approved Date: _____ Disapproved

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County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input checked="" type="checkbox"/> Name Change <input type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input checked="" type="checkbox"/> Other: Iphone	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE VERIZON (956)609-5772

Office Use / Employee: Felicia Arredondo Employee ID# 215651 Signature:

Department: Planning Dept. Dept#: 210

Quantity: 1

Service: \$ 115.49 /mo (x) 5 months = \$577.45 Account: 6-1100-419-10-210-001-0 -532

Service: \$ 5.00 /mo (x) 5 months = \$25.00 Account: 6-1100-419-10-210-001-0 -532

-619/664

Requisition Total: \$5,114.05 Requisition Number: Req #299022

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Tomas T. Arredondo 8-29-16

Signature Print Name Date

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

Valde Guerra 9/1/16

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Assign 956-609-5772

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

Approved Date: _____ Disapproved