

Requisition

Req # 00310596

PO #

Date: 12/14/16

Bill To: x
x

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

Ship To: FIRE MARSHAL
1903 NORTH KNIGHTS DRIVE
PHARR TX 78577

Contact: ELIZABETH
956-318-2656

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		STATE OF TEXAS CONTRACT NO: DIR-TSO-3415 EXPIRES 04/27/2020 DO NOT DUPLICATE ORDER		
12.00	EACH	NATIONWIDE UNLIMITED MIN EMAIL&DATA UNL+MHS/N&W/M2M/MSG UNL \$69.99	419.94	5,039.28
12.00	EACH	4G MOBILE BROADBAND UNLIMITED \$37.99	265.93	3,191.16
12.00	EACH	FEEES AND SURCHARGES	30.00	360.00
		<u>Account No</u>	<u>Encumbrance</u>	
		7-1100-422-10-300-001-0-532	8,590.44	
			Freight	.00
			Total	8,590.44
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

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 checked="" type="checkbox"/> Name Change <input checked="" type="checkbox"/> Equipment Change <input checked="" 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: <u>iPhone</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Homero Garza</u> Employee ID# <u>21400</u> Signature:		
Department: <u>Fire Marshal</u> Dept#: <u>300</u>		
Quantity: <u>1</u> <u>(956) 929-6497</u>		
Service: \$ <u>69.49</u> /mo (x) <u>12</u> months = <u>\$839.88</u> Account: <u>7-1100-422-10-300-001-0-532</u>		
Service: \$ <u>5</u> /mo (x) <u>12</u> months = <u>60.00</u> Account: <u>7-1100-422-10-300-001-0-532</u> <u>619/664</u>		
Requisition Total: <u>\$8590.44</u> Requisition Number: <u>00310596</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: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> Signature </div> <div style="text-align: center;"> <u>Homero Garza</u> Print Name </div> <div style="text-align: center;"> <u>12/14/2016</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; margin-top: 20px;"> <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: <u>Nationwide Int'l Pers./Email/Data</u> <u>Val+MIS/MSW/MSM/MSB Int'l. Call 109.99 + 5.00 per month</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/sgl/article/0,,id=167154,00.html>, EXAMPLE 2.

4 WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Equipment Change <input checked="" 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: <div style="text-align: center;">iPhone</div>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>vacant deputy position</u> Employee ID# <u>N/A</u> Signature: _____ Department: <u>Fire Marshal</u> Dept#: _____ Quantity: <u>1 (956) 227-7024</u> Service: \$ <u>61.99</u> /mo (x) <u>12</u> months = \$ <u>831.88</u> Account: <u>7-1100-422-10-300-001-0 -532</u> Service: \$ <u>5.00</u> /mo (x) <u>12</u> months = \$ <u>60.00</u> Account: <u>7-1100-422-10-300-001-0 -619/664</u> Requisition Total: \$ <u>8590.44</u> Requisition Number: <u>00310596</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: <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>Homero Garcia</u> Print Name </div> <div style="text-align: center;"> <u>12/14/2014</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: <u>nationwide land lines Email & Data</u> <u>land + HHS/H&W/H&M/H&S land @ \$19.99 15:00/mo</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/gov/isl/article/0,,id=167154,00.html>, EXAMPLE 2.

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 checked="" type="checkbox"/> Equipment Change <input checked="" 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: <u>1 phone</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Victor Ramirez Employee ID# 201103 Signature:

Department: Fire Marshal Dept#: 300

Quantity: 1 (956) 289-3857

Service: \$ 19.99/mo (x) 12 months = 839.88 Account: 7-1100-422-10-300-001-0-532

Service: \$ 5.00/mo (x) 12 months = \$60.00 Account: 7-1100-422-10-310-001-0-619/664

Requisition Total: \$8590.44 Requisition Number: 00310596

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Harold Garcia 12/14/2010

Signature _____ Print Name _____ Date _____

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

 Signature _____ Print Name _____ Date _____

(4) IT DEPARTMENT ONLY:

Service Type Codes: Nationwide Int. Min. Email & Data
Int. + MMS/News/Reqn/MSG Int. @ \$109.99 + 5.00/mo

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

Approved Date: _____ Disapproved

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 checked="" type="checkbox"/> Equipment Change <input checked="" 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: <u>iPhone</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Medardo Villarreal</u> Employee ID# <u>202541</u> Signature:		
Department: <u>Fire Marshal</u> Dept#: <u>300</u>		
Quantity: <u>1</u> (<u>956</u>) <u>929-6675</u>		
Service: <u>\$101.99</u> /mo (x) <u>12</u> months = <u>\$839.88</u> Account: <u>7-1100-422-10-300-001-0532</u>		
Service: <u>\$5.00</u> /mo (x) <u>12</u> months = <u>\$60.00</u> Account: <u>7-1100-422-10-300-001-0619/664</u>		
Requisition Total: <u>\$8590.44</u> Requisition Number: <u>00310596</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: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;"> Signature </div> <div style="text-align: center;"> <u>Herman Garcia</u> Print Name </div> <div style="text-align: center;"> <u>12/14/2014</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; margin-top: 20px;"> <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: <u>Nationwide Int. Mms Data & Email</u> <u>Int. + NWS/ New/ 422/422 Int. @ \$109.99 + 5.00/mo</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/slg/article/0,,id=167154,00.html>, EXAMPLE 2.

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 checked="" type="checkbox"/> Equipment Change <input checked="" 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: <u>iPhone</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: John Franz Employee ID# 20073 Signature:

Department: Fire Marshal Dept#: 300

Quantity: 1 (950) 393-1848

Service: \$ 19.99/mo (x) 12 months = \$839.88 Account: 7-1100-422-10-300-001-0-532

Service: \$ 500/mo (x) 12 months = \$600.00 Account: 7-1100-422-10-300-001-0-619/664

Requisition Total: \$ 8590.44 Requisition Number: 00310596

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Demetrius Baker 12/14/2016

Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Nationwide Int'l Mins Email & Data
Int'l + MINS/NEW/MSB Int'l (09.99) + 5.00/mo

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/irs/article/0,,id=167164,00.html>, EXAMPLE 2.

Revised: 03/09/2011

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Eric Sanchez Employee ID# 19393 Signature:

Department: Fire Marshal Dept#: 300

Quantity: 1 (950) 342-2162

Service: \$ 37.99/mo (x) 12 months = \$ 455.88 Account: 7-1100-422-6-300-001-0-532

Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664

Requisition Total: \$ 8590.44 Requisition Number: 00316590

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Honorio Sanchez 12/14/2010

Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: 4B Mobile Broadband Int. @ \$37.99/mo

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

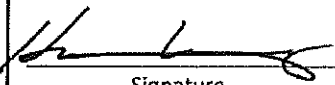
WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input type="checkbox"/> Office Use or <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Name Change <input checked="" 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:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Victor Ramirez</u> Employee ID# <u>201103</u> Signature: <u>[Signature]</u>		
Department: <u>Fire Marshal</u> Dept#: <u>300</u>		
Quantity: <u>1</u> (956) 342-2165		
Service: \$ <u>37.99</u> /mo (x) <u>12</u> months = <u>\$455.88</u> Account: <u>7-1100-422-10-300-001-D-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>\$8590.44</u> Requisition Number: <u>00316596</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>[Signature]</u> Signature	<u>Harold Garcia</u> Print Name	<u>12/14/2010</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	_____ Print Name	_____ Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>4B Mobile Broadband Lmt. @ \$37.99/mo</u>		

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

Approved Date: _____ Disapproved

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST:		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input checked="" 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:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use/ Employee: <u>Vacant position (newly)</u> Employee ID# <u>N/A</u> Signature: _____ Department: <u>Fire Marshal</u> Dept#: <u>300</u> Quantity: <u>1</u> (950) 342-2607 Service: \$ <u>37.99</u> /mo (x) <u>12</u> months = \$ <u>455.88</u> Account: <u>7-1100-422-10-700-01-0-532</u> Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: \$ <u>8590.44</u> Requisition Number: <u>00310594</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: <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>Wm. Garcia</u> Print Name </div> <div style="text-align: center;"> <u>12/14/2014</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; margin-top: 20px;"> <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: <u>4B Mobile Broadband Int. @ \$37.99/mo</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/slg/article/0,,id=167154,00.html>, EXAMPLE 2.

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 checked="" 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:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Medardo Villarreal</u> Employee ID# <u>202541</u> Signature:		
Department: <u>Fire Marshal</u> Dept#: <u>300</u>		
Quantity: <u>1</u> <u>C9561342-3895</u>		
Service: \$ <u>37.99</u> /mo (x) <u>12</u> months = \$ <u>455.88</u> Account: <u>7-1100-422-10-300-001-0-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: \$ <u>8590.44</u> Requisition Number: <u>00310596</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:		
Signature	<u>Medardo Villarreal</u> Print Name	<u>12/14/2010</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	_____ Print Name	_____ Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>US Mobile Broadband Vnc. @ \$37.99 /mo</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/isl/article/0,,id=167154,00.html>, EXAMPLE 2.

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: John Franz Employee ID# 201073 Signature:

Department: Fire Marshal Dept#: 300

Quantity: 1 (950) 929-2652

Service: \$ 37.99 /mo (x) 12 months = \$ 455.88 Account: 7-100 422-10-300-001-0-532

Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664

Requisition Total: \$ 8590.44 Requisition Number: 00310596

STIPEND

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

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

Thomas Conner 12/14/2014

Signature Print Name Date

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

 Signature Print Name Date

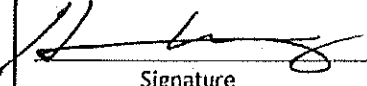
(4) IT DEPARTMENT ONLY:

Service Type Codes: 4G Mobile Broadband Line @ \$37.99 /mo

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

Approved Date: _____ Disapproved

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input checked="" 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:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Office Use</u> Employee ID# _____ Signature: _____		
Department: <u>Fire Marshal</u> Dept#: <u>300</u>		
Quantity: <u>1</u> <u>C950) 342-3939</u>		
Service: \$ <u>37.99</u> /mo (x) <u>12</u> months = <u>\$455.88</u> Account: <u>7-1160-42210-300-001-0</u> -532		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: <u>\$8590.44</u> Requisition Number: <u>00310596</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>Homero Espinoza</u>	<u>12/14/2016</u>
Signature	Print Name	Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____	_____	_____
Signature	Print Name	Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>46 Mobile Broadband Unit @ \$37.99 /mo</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.gov/irsig/article/0,,id=167154,00.html>, EXAMPLE 2.

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 checked="" type="checkbox"/> Name Change <input checked="" 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:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Homero Garcia</u> Employee ID# <u>214060</u> Signature:		
Department: <u>Fire Marshal</u> Dept#: <u>300</u>		
Quantity: <u>1 (956) 342-3675</u>		
Service: \$ <u>37.99</u> /mo (x) <u>12</u> months = \$ <u>455.88</u> Account: <u>7-1101-422-10-300-001-a-532</u>		
Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664		
Requisition Total: \$ <u>8590.44</u> Requisition Number: <u>00310596</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:		
Signature	<u>Homero Garcia</u> Print Name	<u>12/14/2016</u> Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature	_____ Print Name	_____ Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>4B Mobile Broadband WML @ \$37.99 /mo</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/istg/article/0,,id=167154,00.html>, EXAMPLE 2.

WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
County Owned Wireless Device: <input checked="" type="checkbox"/> Office Use or <input type="checkbox"/> Individual <input type="checkbox"/> Name Change <input checked="" type="checkbox"/> Equipment Change <input type="checkbox"/> Plan Change <input checked="" type="checkbox"/> Delete Service	Wireless Data Device: <input type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
(Office Use) Employee: <u>Office Use</u> Employee ID# <u>N/A</u> Signature: _____ Department: <u>Fire Marshal</u> Dept#: <u>300</u> Quantity: <u>1 (950) 342-3707</u> Service: \$ <u>31.94</u> /mo (x) <u>12</u> months = <u>\$455.28</u> Account: <u>N/A</u> -532 Service: \$ _____ /mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: _____ Requisition Number: _____		
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>[Signature]</u> <u>Wenceslao Canzo</u> <u>12/14/2014</u> Signature Print Name Date		
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____ Signature Print Name Date		
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Deactivate service for 960-342-3707</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/gov/tsg/article/0,,id=167164,00.html>, EXAMPLE 2.

Revised: 03/09/2011



**Wireless Telecom Proposal for:
State of Texas DIR Contract No. DIR-TSO-3415 for Wireless Voice, Data Services and Equipment**

Date: January 4, 2017

Customer Name: Hidalgo County Fire Marshal's Office

Sales Representative: Carlos Zavala

Pricing provided is for Government Liability Accounts Only and is subject to the terms, provisions and conditions of the Contract for Wireless Voice & Data Services and Equipment between State of Texas, Department of Information Resources and Verizon Wireless, DIR Contract No. DIR-TSO-3415. Full terms and conditions, along with additional information and ordering instructions can be found on the Internet website at: <http://www.dir.state.tx.us/itcm/tds/telephony/wireless.htm#pricing>

Prices quoted do not reflect applicable fees, charges, or pass-through assessments.

This Quotation is valid for ninety (90) days from date listed on quote (except for promotional pricing which may expire sooner). Data furnished in this document shall not be duplicated, used, or disclosed in whole or in part for any purpose other than to evaluate the document.

