

Req. 396590

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

COUNTY OWNED WIRELESS DEVICE

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

Department: Health + Human Services Dept#: 340

Quantity: 8

Service: \$ 160.00 /mo (x) 6 months = 960.00 Account: 9-1100-441-00-340-003-0-532

Device Service: \$ 29.99 /mo (x) 8 months = 239.92 Account: 9-1100-441-00-340-003-0-619/664-610

Requisition Total: 1,199.92 Requisition Number: 396590

STIPEND

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


Department: _____ Dept#: _____

Quantity: _____

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


Total: _____

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

 Eduardo Olvarez 7/19/19

Signature Print Name Date

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

 Monica Salinas 8/28/19

Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Wireless Home Phone Unl. Mins. @ \$20.00/ea. per 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/isl/article/0,,id=167154,00.html>, EXAMPLE 2.

Req 396590



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

Date: July 12, 2019

Customer Name: Hidalgo County

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/store/tsd/telephony/wireless.htm#cing>
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.

Requisition

Req # 00396590

PO #

Date: 06/25/19

Bill To:

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

Ship To: HEALTH DEPARTMENT
 1304 S. 25TH
 EDINBURG TX 78539

Contact: JOSIE GARCES
 956-383-6221

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
6.00	MONTH	DIR TSO 3415 DO NOT DUPLICATE ORDER RATE PLAN WIRELESS HOME PHONE UNLIMITED MINS\$20 00 1117 \$20.00 X 8 (ONE FOR EACH CLINIC)	160.00	960.00
8.00	MONTH	72000 WIRELESS HOME PHONE (SERVICE WIRELESS VOICE DATA)	29.99	239.92
		Account No _____	<u>Encumbrance</u>	
		9-1100-441-00-340-003-0-532	960.00	
		9-1100-441-00-340-003-0-610	239.92	
			Freight	.00
			Total	1,199.92
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____