

# WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <input 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 checked="" type="checkbox"/> Delete Service	<b>Wireless Data Device:</b> <input checked="" type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other:	<b>Stipend:</b> <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

**COUNTY OWNED WIRELESS DEVICE**

Office Use / Employee: Office Use Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: Tax Office Dept#: 140

Quantity: 2

Service: \$ 75.98 /mo (x) 10 months = 759.80 Account: 9-1100-415-15-140-001-0 -532

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

Requisition Total: \$759.80 Requisition Number: 389463

**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] Julio Espinosa 11-12-19

Signature Print Name Date

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

\_\_\_\_\_  
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Deactivate service plans for 950-322-6071  
Unl. Data Plan @ \$37.99/ea per month 950-322-6197

Commissioner's Court Action: \_\_\_\_\_ Commissioner's Court Date: \_\_\_\_\_

Approved Date: \_\_\_\_\_  Disapproved