

# WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST		
<b>County Owned Wireless Device:</b> <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	<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 <div style="text-align: center; font-size: 2em; font-weight: bold;">N/A</div>

**COUNTY OWNED WIRELESS DEVICE**

Office Use / Employee: Rhonda L. Cruz-Mora Employee ID# 115126 Signature:

Department: Co. Court No. 2 Dept#: 002

Quantity: 1

Service: \$ 37.99 /mo (x) 9 months = \$ 341.91 Account: 0-1100-412-00-022-001-0-532

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

Requisition Total: 341.91 Requisition Number: 00413098

**STIPEND**

(1) Employee: \_\_\_\_\_ Employee ID# \_\_\_\_\_ Signature: \_\_\_\_\_

Department: \_\_\_\_\_ Dept#: \_\_\_\_\_

Quantity: \_\_\_\_\_

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

Total: \_\_\_\_\_

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

Jaime "Jay" Palacios 3/30/2020

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

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

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

(4) IT DEPARTMENT ONLY:

Service Type Codes: Custom 4G Unl. MB Plan w/ MBP for National Security, Public Safety & First Responders @ \$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/fslg/article0,,id=167154,00.html>, EXAMPLE 2.

Requisition

Req # 00413098

PO #

Date: 03/28/20

Bill To:

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

Ship To: COUNTY COURT AT LAW #2  
 100 N. CLOSNER, 3RD FL  
 EDINBURG TX 78539

Contract No:  
 Special Instructions:

Contact: mbanning  
 956-318-2380

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
9.00		MI-FI DATA CARD/DEVICE to be issued to employee, Rhonda Cruz during the course of declared event, COVID-19. (\$37.99 per month for 9 months)		
		MI-FI DATA CARD/DEVICE for employee, RHONDA CRUZ, \$37.99 per month for 9 months (to be issued to employee during the course of declared event, COVID-19)	37.99	341.91
		<u>Account No</u>	<u>Encumbrance</u>	
			Freight	.00
			Total	341.91

Authorized By: \_\_\_\_\_