

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Oscar Villarreal Employee ID# 237540 Signature: *[Signature]*
 Department: Facilities Management Dept#: 220 4-17-20

Quantity: 1

Service: \$ 39.99 /mo (x) 8 months = 319.92 Account: 1100-419-40-220-001-532 -532

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

Requisition Total: _____ Requisition Number: 00413784

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] M. Solis 4/20/20
 Signature Print Name Date

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

[Signature] M. Solis 4/20/20
 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: 46 Custom Nationwide Unl. Mins. + MBS Unl + Email Data
Unl @ \$39.99 + \$5.00 (TAXES/FEES) /MO

Commissioner's Court Action: _____ Commissioner's Court Date: _____ *[Signature]*

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