

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: GPS	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>GPS Office Use</u> Employee ID# <u>N/A</u> Signature: <u>N/A</u> Department: <u>Tax Office</u> Dept#: <u>140</u> Quantity: <u>2</u> Service: \$ <u>43.41</u> /mo (x) <u>6</u> months = <u>260.46</u> Account: <u>0-1100-415-15-140-001-0</u> -532 Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664 Requisition Total: <u>\$ 716.96</u> Requisition Number: <u>416646</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>Eva Mirales</u> _____ Print Name </div> <div style="text-align: center;"> <u>6/12/2020</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>Rastrac Monthly Service Charge</u> <u>(2 min. updates w/ turn detect) @ \$43.41/ea/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/irs/article/0,,id=167154,00.html>, EXAMPLE 2.

Requisition

Req # 00416646

PO #

Date: 06/12/20

Bill To:

Vendor: 303569
 UNICOM GOVERNMENT, INC.
 15010 CONFERENCE CENTER DR#110
 CHANTILLY VA 20151-3852
 FAX (703)222-5212

Ship To: TAX ASSESSOR-COLLECTOR
 2804 S. BUS. HWY 281
 EDINBURG TX 78539-6243

Contract No:
 Special Instructions:

Contact: ALEX BAZAN
 956-289-7472

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		CC APPROVAL AI# GOVT CONTRACT 4400006645		
		DO NOT DUPLICATE ORDER		
6.00	MONTH	CO 817298 RTN101-1 MANNING NAVCOMP, INC RASTRAC MONTHLY SERVICE CHARGE (2 MINUTE UPDATES W/TURN DETECT DATA ACCOUNTS INCLUDED) FOR HIDALGO COUNTY VEHICLES	43.41	260.46
2.00	EACH	OM 860928 DSLI06 MANNING NAVCOMP, INC CAT-M1 LTE FULL OPTION - INCLUDES ACCELEROMETER, BUZZER, INTERNAL BACKUP BATTERY	196.45	392.90
2.00	EACH	OM 821585 AC20 MANNING NAVCOMP, INC OBDII - Y CABLE (USED W/DSCI04 PROVIDES AVAILABLE OBDII PORT & INCONSPICUOUS INSTALL)	31.80	63.60
		Account No	Encumbrance	
		0-1100-415-15-140-001-0-532	716.96	
			Freight	.00
			Total	716.96

Authorized By: _____

To: Alex Bazan
HIDALGO COUNTY
2802 S BUSINESS HWY 281
Edinburg
TX 78539 USA

Reference No:
Proposal No:
Govt. Contract #: 4400006645
Ship Via: GROUND
CUSTOMER #: 20084621

Quotation #: QUT5218313
Date: 27-MAY-2020
Sales Rep.: Charles Basil
Phone: 703/502-2107
Charles.Basil@unicomgov.com

LINE#	UNICOM P/N	Manufacturer	Item Description	Unit Price	Quantity	Extended Price
	CLIN	Mfg P/N	Contract Vehicle			
001	817298	MANNING NAVCOMP, INC	RASTRAC MONTHLY SERVICE CHARGE (2 MINUTE UPDATES W/TURN DETECT)	\$43.41	6	\$260.46
		RTN101	4400006645			
002	860928	MANNING NAVCOMP, INC	CAT-M1 LTE FULL OPTION - INCLUDES ACCELEROMETER, BUZZER, INTERNAL BACKUP BATTERY	\$196.45	2	\$392.90
		DSL106	4400006645			
003	821585	MANNING NAVCOMP, INC	OBDII - Y CABLE (USED W/DSCI04, PROVIDES AVAILABLE OBDII PORT & INCONSPICUOUS INSTALL)	\$31.80	2	\$63.60
		AC20	4400006645			
004	837045	MANNING NAVCOMP, INC	CUSTOMER-PROVIDED INSTALLATION	\$0.00	2	\$0.00
		LIC01	4400006645			

SUBTOTALS : \$716.96
TAX : \$0.00
TOTAL : \$716.96

***** ATTENTION CONTRACTING *****

Unless otherwise specified within this quote or agreed to by the Seller in writing, full payment for order is due within 30 days of receipt of equipment or services. Items marked **NSO** (Not Separately Orderable) may be considered a configurable option of an end product and end product country of origin would apply.

* When purchasing any software or related services, your order is subject to your acceptance of any specific end user terms and conditions (to include licensing terms) required by the manufacturer.

* The prices in this quote are valid for 30 calendar days following the Quotation date.

* This quote is only valid in its entirety and POs placed for partial items in a quote may be rejected.

* All orders are subject to availability.

* Any quotes containing items with Part Numbers SKU TBD or 000-000 are considered budgetary quotes with estimated prices, which are not binding. Please contact your Sales Representative for an updated and final quote before placing an order.

* Unless otherwise stated, pricing shown for maintenance/support requires payment in full within 30 days of the invoice date.

* All orders are subject to Return Policy: <http://shop.unicomgov.com/services/returnpolicy.aspx>

* Electronic and information technology (EIT) listed on this quotation shall be capable, at the time of its delivery, when used in accordance with the contractor's associated documents, and other written information provided to the government, of providing comparable access to individuals with disabilities consistent with the terms and conditions applicable to this contract at the time of award, provided that any assistive technologies used with the listed EIT properly interoperates with it and other assistive technologies.

TO ENABLE FASTER DELIVERY, PLEASE INCLUDE THE FOLLOWING STATEMENT ON YOUR PURCHASE ORDER: "PARTIAL SHIPMENT AND PAYMENT AUTHORIZED". THIS ALLOWS US TO DROP SHIP ITEMS DIRECTLY TO THE SHIP TO LOCATION, AS WELL AS DELIVER THE ITEMS WE HAVE IN STOCK, AS SOON AS POSSIBLE.

Please reference the following on your purchase order:

Quote # QUT5218313

Contract # 4400006645

Payment Terms : Due in 30 Days
(Pending Credit Approval)

Duns #: 10793-9357
Tax ID #: 54-1248422
CAGE Code: 8Y261