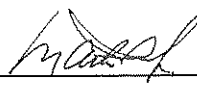


WIRELESS DEVICE REQUEST FORM W.2011.2

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: <div style="text-align: center; font-size: 1.2em;">iPads</div>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo
COUNTY OWNED WIRELESS DEVICE		
Office Use / Employee: <u>Precinct 3 Staff</u> Employee ID# <u>/</u> Signature: <u>/</u>		
Department: <u>Precinct 3</u> Dept#: <u>123</u>		
Quantity: <u>5</u>		
Service: \$ <u>37.99</u> /mo (x) <u>11</u> months = <u>2089.45</u> Account: <u>1-1100-432-00-123-001-0</u> <u>-532</u>		
<small>equipment</small> Service: \$ <u>2,149.95</u> /mo (x) <u>1</u> months = <u>2149.99</u> Account: <u>1-1100-452-00-123-001-0</u> <u>-660</u>		
Requisition Total: <u>4239.40</u> Requisition Number: <u>428853</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:		
	<u>Mr. Martin Garza</u>	<u>2-2-2021</u>
Signature	Print Name	Date
(3) Executive Office Authorization (Commissioner's Court Departments Only):		
_____	_____	_____
Signature	Print Name	Date
(4) IT DEPARTMENT ONLY:		
Service Type Codes: <u>Custom 4G Unl. MB Plan w/ MBP for National Security, Public Safety & First Responders @ \$37.99/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/irs/article/0,,id=167154,00.html>, EXAMPLE 2.

REQUISITION

Req # 00428853

PO #

Date: 02/05/21

Bill To:

Vendor: 287024
 VERIZON
 P.O. BOX 740407
 CINCINNATI OH 45274-0407

Ship To: HIDALGO CO. PCT 3
 724 N. BREYFOGLE
 MISSION TX 78574

Contract No: DIR-TSO-3415

Contact:

956-585-4509

Special Instructions:

REQ # 1031

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
44.00		CO CUSTOM 4G UNLIMITED MG PLAN W/MBP FOR NATIONAL SECURITY, PUBLIC SAFETY, & FIRST RESPNDERS	37.99	1,671.56
11.00		CO CUSTOM 4G UNLIMITED MB PLAN W/MBP FOR NATIONAL SECURITY, PUBLIC SAFETY, & FIRST RESPNDERS	37.99	417.89
4.00		CO IPAD MINI 64GB	429.99	1,719.96
1.00		CO IPAD MINI 64GB	429.99	429.99
		Account No _____	Encumbrance	
			Freight	.00
			Total	4,239.40
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____