



WIRELESS DEVICE REQUEST FORM W.2011.2

TYPE OF REQUEST

County Owned Wireless Device:

- Office Use or Individual
- Name Change
- Equipment Change
- Plan Change
- Delete Service

Wireless Data Device:

- Data Card
- Blackberry
- Other:

Stipend:

- Cellular Telephone \$50/mo
- Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Various Employees Employee ID# _____ Signature: _____Department: Sheriff Dept#: 280Quantity: 1Service: \$ 44.99 /mo (x) 2 months = 89.98 Account: 1-1229-421-00-280-007-0-532Service: \$ 2.00 /mo (x) 2 months = 4.00 Account: 1-1229-421-00-280-007-0-6121084 532Requisition Total: \$ 93.98 Requisition Number: 443016*Estimated Surcharges*

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] LT Roy Mendez 10-27-21
 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: _____

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



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COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Various Employees Employee ID# _____ Signature: _____

Department: Sheriff Dept#: 280

Quantity: 1

Service: \$ 44.99 /mo (x) 2 months = 89.98 Account: 1-1229-421-00-280-007-0-532

Estimated Surcharges

Service: \$ 2.00 /mo (x) 2 months = 4.00 Account: 1-1229-421-00-280-007-0-012/004 532

Requisition Total: \$ 93.98 Requisition Number: 443017

STIPEND

(1) Employee: _____ Employee ID# _____ Signature: _____

Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: _____

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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Department: Sheriff Dept#: 280

Quantity: 1

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Service: \$ 2.00 /mo (x) 2 months = 4.00 Account: 1-1229-421-00-280-007-0-532

Requisition Total: \$93.98 Requisition Number: 443022

Estimated Surcharges

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] LT Roy Menden 10-27-21
 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: _____

Commissioner's Court Action: _____ Commissioner's Court Date: _____

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