

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 checked="" type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input type="checkbox"/> Other: <i>now</i>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Employee ID# na Signature: na

Department: Juvenile Probation Dept#: 330

Quantity: 3

Service: \$ 37.99/mo (x) 12 months = 1,367.64 Account: 2-1294-423-74-330-059-2- 532

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

Requisition Total: 911.76 Requisition Number: 447908

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] Ricardo Guerrero Jr 1/27/22

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. 4B Plan w/ 4BP for National Security, Public Safety & First Responders @ \$37.99 /ea per month *[Signature]*

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/irsig/article0,,id=167154,00.html>, EXAMPLE 2.

Bill To:

Vendor: 287024

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

Ship To: JUVENILE PROBATION DEPT.
1001 NORTH DOOLITTLE
EDINBURG TX 78540-0267

Contract No: DIR-TELE-CTSA-003

Contact: CINDY PASLAK
956-587-6200

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		WIRELESS DATA CARDS FOR THE STRENGTHENING FAMILIES PROGRAM DO NOT DUPLICATE ORDER		
8.00	MONTH	Custom 4G Unlimited MB Plan w/ MBP for National Security, Public Safety, & First Responders*	37.99	303.92
8.00	MONTH	Custom 4G Unlimited MB Plan w/ MBP for National Security, Public Safety, & First Responders*	37.99	303.92
8.00	MONTH	Custom 4G Unlimited MB Plan w/ MBP for National Security, Public Safety, & First Responders*	37.99	303.92
		<u>Account No</u>	<u>Encumbrance</u>	
			Freight	.00
			Total	911.76

Authorized By: _____

REG # 486724

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 checked="" type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input checked="" type="checkbox"/> Other: <u>Cell Phone</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Maryann Denner Employee ID# 137839 Signature: [Signature]

Department: Juvenile Probation Dept#: 330

Quantity: 1 956-540-8645

Service: \$ 39.99/mo (x) 12 months = 479.88 Account: 2-1100-423-71-330-001-2 -532

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

Requisition Total: 683.51 Requisition Number: 440726

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] Maryann Denner 1-28-22

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 Nationwide Int. Vms + MSG Int. + Email & Data Int. @ \$39.99 + 5.00 (tax/fees) per month [Signature]

Commissioner's Court Action: Approved Date: _____ Disapproved

Commissioner's Court Date: _____

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

Revised: 03/09/2011

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 checked="" type="checkbox"/> Data Card <input type="checkbox"/> Blackberry <input checked="" type="checkbox"/> Other: <u>cell phone</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Ricardo Guerrero Jr. Employee ID# 026689 Signature: *[Signature]*

Department: Juvenile Probation Dept#: 330

Quantity: 1 956-540-9656

Service: \$ 39.99/mo (x) 12 months = 479.88 Account: 2-1100-423-70-330-001-2- -532

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

Requisition Total: 683.51 Requisition Number: 446726

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] Maryann Deaver 7-28-22

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 Nationwide Cell Plans + USA Intl. + Email & Data Int'l. @ \$39.99 + 5.00 (tax/lev) per month

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

Bill To:

Vendor: 287024

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

Ship To: JUVENILE PROBATION DEPT.
1001 NORTH DOOLITTLE
EDINBURG TX 78540-0267

Contract No: DIR-TELE-CTSA-003

Contact: CINDY PASLAK
956-587-6200

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		FROM JANUARY 1 TO AUGUST 31, 2022 -PROBATION DO NOT DUPLICATE ORDER		
8.00	MONTH	CUSTOM NATIONWIDE UNL MINS + MSG UNL + EMAIL&DATA UNL \$39.99 0218 PROBATION OFFICE 956-540-9656	39.99	319.92
9.00	MONTH	CUSTOM NATIONWIDE UNL MINS + MSG UNL + EMAIL&DATA UNL \$39.99 0218 PROBATION OFFICE 956-540-8645	39.99	359.91
8.00	MONTH	TAX AND FEE SERVICE	.23	1.84
8.00	MONTH	TAX AND FEE SERVICE	.23	1.84
		Account No	Encumbrance	
		2-1100-423-70-330-001-2-532	321.76	
		2-1100-423-71-330-001-2-532	361.75	
			Freight	.00
			Total	683.51

Authorized By: _____

WIRELESS DEVICE REQUEST FORM W.2011.2

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COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Employee ID# 110 Signature: [Signature]

Department: Juvenile Probation Dept#: 330

Quantity: 3

Service: \$ 37.99/mo (x) 12 months = 1,367.64 Account: 2-1100-423-71-330-001-2 -532

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

Requisition Total: 1611.60 Requisition Number: 446712

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] Maryann Denver 1-28-02

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 U.G. Unl. MB Plan w/MBP to National Security, Public Safety & First Responders @ \$37.99/ea *[Signature]*

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

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/govtfskg/article/0,,id=187154,00.html>, EXAMPLE 2.

Reg # 446712

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Employee ID# hfa Signature: hfa
 Department: BootCamp Dept#: 3308
 Quantity: 2 956-219-9921 and 956 219-9925
 Service: \$ 79.98/mo (x) 12 months = 959.76 Account: 2-1100-423-78-330-028-2 -532
 Service: \$ _____/mo (x) _____ months = _____ Account: _____ -619/664
 Requisition Total: 1011.60 Requisition Number: 446712

STIPEND

(1) Employee: _____ Employee ID# _____ Signature: _____
 Department: _____ Dept#: _____
 Quantity: _____
 Service: \$ _____/mo (x) _____ months = _____ Account: _____ -532
 Total: _____

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

Muel Margaret Denver 1-28-22
 Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Nationwide 1000 Share New + 42m line.
200 USGS @ \$ 39.99 + 5.00 (hrs/line) / ea per month

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

Bill To:

Vendor: 287024

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

Ship To: JUVENILE PROBATION DEPT.
 1001 NORTH DOOLITTLE
 EDINBURG TX 78540-0267

Contract No: DIR-TELE-CTSA-003

Contact: CINDY PASLAK

Special Instructions:

956-587-6200

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		FROM JANUARY 1 TO AUGUST 31, 2022		
		DO NOT DUPLICATE ORDER		
8.00	MONTH	CO VERIZON NATIONWIDE 1000 SHARE N&W+M2M UNL200 - FOR OFFICE USE AT THE WESLACO BOOTCAMP FOR ; 956-219-9921	39.99	319.92
8.00	MONTH	CO VERIZON NATIONWIDE 1000 SHARE N&W+M2M UNL20-FOR OFFICE USE AT THE WESLACO BOOTCAMP FOR 956-219-9925	39.99	319.92
8.00	MONTH	CO 4G UNLIMITED MOBILE BROADBAND PLAN (BGSA 666)- \$37.99 CARDS P/MONTH 956-578-1993	37.99	303.92
8.00	MONTH	CO 4G UNLIMITED MOBILE BROADBAND PLAN (BGSA 666)- \$37.99 CARDS P/MONTH 956-578-2401	37.99	303.92
8.00	MONTH	CO 4G UNLIMITED MOBILE BROADBAND PLAN (BGSA 666)- \$37.99 CARDS P/MONTH 956-578-2827	37.99	303.92
1.00	LOT	EX FED UNIVERSAL SURGE CHARGES	60.00	60.00
		<u>Account No</u>	<u>Encumbrance</u>	
		2-1100-423-71-330-001-2-532	911.76	
		2-1100-423-78-330-028-2-532	699.84	
			Freight	.00
			Total	1,611.60

Authorized By: _____