

WIRELESS SERVICE 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 checked="" type="checkbox"/> Other: <u>iPhone</u>	Stipend: <input type="checkbox"/> Cellular Telephone \$50/mo <input type="checkbox"/> Data Pad \$25/mo

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Adan Salinas Employee ID# 241580 Signature: [Signature]

Department: Constable Pat 3 Dept#: 293

Quantity: 1

Service: \$ 39.99 /mo (x) 6 months = \$ 239.94 Account: 2-1100-421-00-293-001-0-532

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

Requisition Total: 239.94 Requisition Number: 450439

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>[Signature]</u> Signature	<u>Gerardo Zamora</u> Print Name	<u>6/20/2012</u> Date
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(3) Executive Office Authorization (Commissioner's Court Departments Only):

_____ Signature	_____ Print Name	_____ Date
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(4) IT DEPARTMENT ONLY:

Service Type Codes: 4G Custom Nationwide Vml. + MSG Vml. + Email & Data Vml. @ \$39.99 + \$15.00 (Txs/fees)/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/irs/article/0,,id=167154,00.html>, EXAMPLE 2.

REQUISITION

Req # 00456439

PO #

Date: 06/22/22

Bill To:

Vendor: 287024

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

Ship To: HIDALGO CO. CONSTABLE PCT 3
730 BREYFOGLE
STE. B
MISSION TX 78572

Contract No:

Contact: L.ROQUE
956-205-7031

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
12.00	MONTH	AI: 86387 CC 7/12/22 REQUESTING A PO FOR A CELLPHONE FOR BUINSESS PURPOSES FOR THE CONSTABLE PRECINCT 3 DEPARTMENT. RATE PLAN AND FEATURES ESTIMATED COST FOR TERM [ANNUAL (12 MONTHS)] DO NOT DUPLICATE ORDER RETAIL PLAN - NON SHARE 4G CUSTOM NATIONWIDE UNL MNS + MSG UNL + EMAIL&DATA UNL \$39.99 0218 Account No _____ 2-1100-421-00-293-001-0-532 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	39.99 Encumbrance 479.88 Freight .00 Total 479.88	479.88

Authorized By: _____