

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

COUNTY OWNED WIRELESS DEVICE

Office Use / Employee: Office Use Outreach Div. Employee ID# N/A Signature: N/A

Department: Commissioner Pct. 3 Dept#: 123

Quantity: 1

Service: \$ 20.00 /mo (x) 10 months = \$200.00 Account: 51200-431-00-123-0040-532

~~Equipment~~
~~Service: \$1,099.99/mo (x) 1 months = \$1,099.99 Account: 51200-431-00-123-004-0-660~~

Requisition Total: \$1,319.99 Requisition Number: 512272

STIPEND

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


Department: _____ Dept#: _____

Quantity: _____

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

Total: _____

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

 Amibal Resendez 2-22-25

Signature Print Name Date

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

 Signature Print Name Date

(4) IT DEPARTMENT ONLY:

Service Type Codes: Public Safety 5G Tablet plan with MBP - Unlimited @ \$20.00/per mo.

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

Requisition

Req # 00512272

PO #

Date: 02/21/2025

Bill To:

Vendor: 287024
 VERIZON COMMUNICATIONS INC.
 1095 AVENUE OF THE AMERICAS 8TH FLOOR
 NEW YORK NY 10036

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

Contract: DIR-TELE-CTSA-003

Contact: A SALAZAR
 956-585-4509

Special Instructions:
 REQ 100 DS

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		APPROVED BY ANIBAL RESENDEZ		
		IPAD AND SERVICE FOR CRC DEPT DO NOT DUPLICATE ORDER		
11.00	EACH	CO PUBLIC SAFETY 5G TABLET PLAN	20.00	220.00
1.00	EACH	CO IPAD PRO 11 INCH	1,099.99	1,099.99
		<u>Account</u>	<u>Encumbrance</u>	
		5-1200-431-00-123-004-0-532	220.00	
		5-1200-431-00-123-004-0-660	1,099.99	
			Freight	.00
			Total	1,319.99
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____