

Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-22-17424	6/1/23	596329	001-08-339-15-521132	J GARCIA LOPEZ	\$1,020.00	624036	7/10/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-22-18633	6/5/23	596330	001-08-339-15-521132	J IBARRA	\$380.00	624036	7/10/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-22-17424	6/1/23	596331	001-08-339-15-521132	J GARCIA LOPEZ	\$400.00	624036	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-521132 Total</b>		\$1,800.00			
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-22-17424	6/1/23	596329	001-08-339-15-521135	J GARCIA LOPEZ	\$35.37	624036	7/10/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-22-18633	6/5/23	596330	001-08-339-15-521135	J IBARRA	\$35.37	624036	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-521135 Total</b>		\$70.74			
WESTERN RECORDS DESTRUCTION	0643796	6/1/23	596256	001-08-339-15-522301		\$283.00	624087	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-522301 Total</b>		\$283.00			
VERIZON WIRELESS SERVICES LLC	9937881272	6/22/23	596469	001-08-339-15-542203		\$2,166.86	624072	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-542203 Total</b>		\$2,166.86			
US POSTAL SERVICE	JUN POSTAGE	6/30/23	596375	001-08-339-15-543305		\$534.98	624069	7/10/23	Prosecuting Attorney
US POSTAL SERVICE	JUNE BRM	6/30/23	596468	001-08-339-15-543305		\$10.36	624070	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-543305 Total</b>		\$545.34			
KREIDLER, DEBORA ANN	2756	6/26/23	596284	001-08-339-15-548013		\$81.25	623933	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-548013 Total</b>		\$81.25			
FELSHAW, MEREDITH	7/11-7/12 PER DIEM	7/3/23	596478	001-08-339-15-548019		\$406.10	623878	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-548019 Total</b>		\$406.10			
FELSHAW, MEREDITH	7/11-7/12 PER DIEM	7/3/23	596478	001-08-339-15-548020		\$197.00	623878	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-548020 Total</b>		\$197.00			

Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CV14-23-04219	6/13/23	596045	001-08-339-15-548501		\$40.00	624036	7/10/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	JV14-23-00280	6/15/23	596045	001-08-339-15-548501		\$40.00	624036	7/10/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	JV14-23-00265	6/15/23	596045	001-08-339-15-548501		\$25.00	624036	7/10/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CV14-23-05025	6/15/23	596045	001-08-339-15-548501		\$40.00	624036	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-548501 Total</b>		\$145.00			
ODP BUSINESS SOLUTIONS, LLC	318010727001	6/23/23	596374	001-08-339-15-551010		\$140.97	623982	7/10/23	Prosecuting Attorney
ODP BUSINESS SOLUTIONS, LLC	318111955001	6/23/23	596374	001-08-339-15-551010		\$77.82	623982	7/10/23	Prosecuting Attorney
ODP BUSINESS SOLUTIONS, LLC	318111957001	6/23/23	596374	001-08-339-15-551010		\$4.79	623982	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-551010 Total</b>		\$223.58			
A-GEM SUPPLY INC	1601	6/26/23	596232	001-08-339-15-554403		\$125.37	623784	7/10/23	Prosecuting Attorney
				<b>001-08-339-15-554403 Total</b>		\$125.37			
						\$6,044.24			<b>Prosecuting Attorney Total</b>





# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

Do Not Use This Space

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**NAME** Jenna Gere - St. Luke's Children's Hospital

**ADDRESS** 417 S. 6th St.

**CITY / STATE** Boise, ID

**ZIP** 83702

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INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
	6/1/2023		CR14-22-17424 - State vs. Jovany Garcia Lopez	
			Expert testimony at Jury Trial on June 1, 2023	
			Prep: 3 hours at \$240.00 per hour	\$720.00
			Travel Time: .75 hours at \$80.00 per hour	\$60.00
			Court Time: 1 hours at \$240.00 per hour	\$240.00
			Mileage: 54 roundtrip miles at \$.655 per mile	\$35.37
			<b>TOTAL</b>	\$1,055.37

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I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.

**PRINT NAME** Diane Hoadley

**SIGNATURE** *Diane Hoadley*

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(I CERTIFY THAT THESE ARE ACTUAL AND  
NECESSARY EXPENDITURES - IC 31-3101)

**Print Name** Bryan F. Taylor

**Department Name** Prosecuting Attorney

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FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001	08	339	15	521132	\$1,020.00
001	08	339	15	521135	\$35.37

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**APPROVED**

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**COMMENTS**





# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

Do Not Use This Space

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**NAME** Tracy Jungman- St. Luke's Children's Hospital

**ADDRESS** 417 S. 6th St.

**CITY / STATE** Boise, ID

**ZIP** 83702

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INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
	6/5/2023		CR14-22-18633 - State vs. Jackey Ibarra	
			Expert testimony at Jury Trial on June 5, 2023	
			Prep: .25 hours at \$240.00 per hour	\$60.00
			Travel Time: 1 hour at \$80.00 per hour	\$80.00
			Court Time: 1 hour at \$240.00 per hour	\$240.00
			Mileage: 54 miles roundtrip at \$.655 per mile	\$35.37
<b>TOTAL</b>				\$415.37

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I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.

**PRINT NAME**

Diane Hoadley

**SIGNATURE**

*Diane Hoadley*

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*Bryan F. Taylor*

I CERTIFY THAT THESE ARE ACTUAL AND  
NECESSARY EXPENDITURES - IC 31-3101)

**Print Name**

Bryan F. Taylor

**Department Name**

Prosecuting Attorney

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FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001	08	339	15	521132	\$380.00
001	08	339	15	521135	\$35.37

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**DISAPPROVED**

**DATE**

**COMMENTS**





# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

Do Not Use This Space

**VENDOR**

**NAME** Kristen Ray - St. Luke's Children's Hospital

**ADDRESS** 417 S. 6th St.

**CITY / STATE** Boise, ID **ZIP** 83702

I N V O I C E	INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
		6/1/2023		CR14-22-17424 - State vs. Jovany Garcia Lopez	
				Expert testimony at Jury Trial on June 1, 2023	
				Prep: 3 hours at \$240.00 per hour	\$240.00
				Court Time: 2 hours at \$80.00 per hour	\$160.00
TOTAL					\$400.00

**OK**

I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.

**PRINT NAME** Diane Hoadley **SIGNATURE** *Diane Hoadley*

**DEPT**

**OK** *Bryan Taylor*

(I CERTIFY THAT THESE ARE ACTUAL AND NECESSARY EXPENDITURES - IC 31-3101)

**Print Name** Bryan F. Taylor **Department Name** Prosecuting Attorney

A U D I T O R	FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
	001	08	339	15	521132	\$400.00

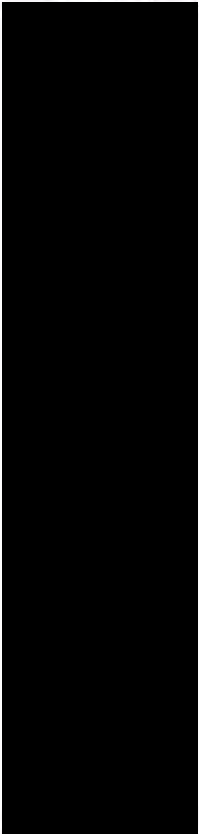

B O A R D	APPROVED	DISAPPROVED	DATE	COMMENTS



Invoice # 0643796						Invoice Date 06/01/2023
Western Records Destruction						Services 05/01/2023-05/31/2023
DEPARTMENT NAME	FUND	DEPT	DIV	BASIC	OBJ	TOTAL AMOUNT DUE
Assessor	103	38	280	14	522301	\$
Assessor DMV	001	06	213	14	522301	\$
Commissioners	001	02	205	13	522301	\$
Consolidated Elections	124	12	221	14	522301	
Court Clerks	104	07	336	12	522301	\$
Development Services	001	15	231	19	522301	
Elections	001	01	220	14	522301	
Extension Office	106	20	253	55	522301	\$
Fairgrounds	106	49	313	54	522301	
Human Resources	001	18	246	19	522301	\$
Indigent Services	001	01	202	14	522301	\$
Information Technology	001	16	237	14	522301	\$
Juvenile Detention	001	25	348	23	522301	\$
Juvenile Probation	104	44	300	27	522301	\$
Misdemeanor Probation	116	42	294	21	522301	\$
Prosecuting Attorney	001	08	339	15	522301	\$
Public Defender	116	27	342	15	522301	\$
Recorders/Indigent Services	001	01	202	14	522301	\$
Sheriff	116	03	410	21	522301	\$
Treasurers	001	05	208	14	522301	\$
Trial Courts	104	40	285	12	522301	\$
<b>TOTAL</b>						\$

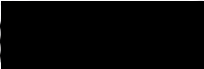
283.00

**Budget Line Item for Verizon Bill  
June 2023**

		<u><b>TOTAL</b></u>
Assessor	103-38-280-14-542203	
Auditor	001-01-201-14-542203	
Building Maint.	001-14-226-19-542203	
Commissioners	001-02-205-13-542203	
Communications	001-26-207-13-542203	
Coroner	001-11-217-19-542203	
County Fleet	001-24-263-19-542203	
Court Clerks	104-07-336-12-542203	
Drug Court	122-46-829-92-542203	
DSD	001-15-231-19-542203	
Elections	001-01-220-14-542203	
Elections	124-12-221-14-542203	
Fair Board	106-49-313-54--542203	
Family Court	104-40-822-92-542203	
HR	001-18-246-19-542203	
IT	001-16-237-14-542203	
Juv Detention	001-25-348-23-542203	
Juv Probation	104-44-804-93-542203	
Landfill	401-72-373-32-542203	
Misd Probation	116-42-294-21-542203	
Nampa PA	001-08-344-15-542203	
PA	001-08-339-15-542203	
Parks	108-52-312-52-542203	
PD	116-27-342-15-542203	
Recorders	001-01-202-14-542203	
Security Dept.	001-17-222-19-542203	
TCA	104-40-285-12-542203	
TCA - Sue Hill	122-46-823-92-542203	
Weed Control	102-35-275-33-542203	
Weed Control	112-60-322-33-542203	
<b>Total</b>		

\$2,166.86

**Grand Total**





**Budget Line Items for Department Postage  
Month of June 2023**

<u>Office/Department</u>	<u>Account#</u>	<u>Total</u>
Assessor	103-38-280-14-543305	
Assessor DMV	001-06-213-14-543305	
Auditor/Recorder/Indigent	001-01-202-14-543305	
Commissioner	001-02-205-13-543305	
Coroner	001-11-217-19-543305	
District	104-40-285-12-543305	
Drug Court	122-46-825-92-543305	
DSD	001-15-231-19-543305	
DUI Court	122-46-829-92-543305	
Elections	001-01-220-14-543305	
Elections	124-12-221-14-543305	
Family Court Services	104-40-285-12-543305	
HRD	001-18-246-19-543305	
Information Tech.	001-16-237-14-543305	
Jury	104-40-285-12-543305	
Juv Center	001-25-348-23-543305	
Juv Probation	104-44-300-27-543305	
Mag Court	104-40-285-12-543305	
Maintenance	001-14-226-19-543305	
Mental Health	122-46-823-92-543305	
Nampa PA	001-08-344-15-543305	
Park-Rec	108-52-312-52-543305	
Pros Attorney	001-08-339-15-543305	\$534.98
Public Defender	116-27-342-15-543305	
Sheriff	116-03-410-21-543305	
Shop	001-24-263-19-543305	
TCA	104-40-285-12-543305	
Treasurer	001-05-208-14-543305	
Vetrans Court	122-46-830-92-543305	
Weed Control	112-60-322-33-543305	
Weed Control	102-35-275-33-543305	
Fairgrounds	106-49-313-54-543305	
Solid Waste	401-72-373-32-543305	
Treas. Tax Deed Certified	001-05-208-14-521139	
CC Security Dept.	001-17-222-19-543305	
<b>Total</b>		\$



**Budget Line Items for Department Postage  
Month of June 2023**

<u>Office/Department</u>	<u>Account#</u>	<u>BRM Total</u>
Assessor	103-38-280-14-543305	
Assessor DMV	001-06-213-14-543305	
Auditor/Recorder/Indigent	001-01-202-14-543305	
Commissioner	001-02-205-13-543305	
Coroner	001-11-217-19-543305	
District	104-40-285-12-543305	
Drug Court	122-46-825-92-543305	
DSD	001-15-231-19-543305	
DUI Court	122-46-829-92-543305	
Elections	001-01-220-14-543305	
Elections	124-12-221-14-543305	
Family Court Services	104-40-285-12-543305	
HRD	001-18-246-19-543305	
Information Tech.	001-16-237-14-543305	
Jury	104-40-285-12-543305	
Juv Center	001-25-348-23-543305	
Juv Probation	104-44-300-27-543305	
Mag Court	104-40-285-12-543305	
Maintenance	001-14-226-19-543305	
Mental Health	122-46-823-92-543305	
Nampa PA	001-08-344-15-543305	
Park-Rec	108-52-312-52-543305	
Pros Attorney	001-08-339-15-543305	\$10.36
Public Defender	116-27-342-15-543305	
Sheriff	116-03-410-21-543305	
Shop	001-24-263-19-543305	
TCA	104-40-285-12-543305	
Treasurer	001-05-208-14-543305	
Vetrans Court	122-46-830-92-543305	
Weed Control	112-60-322-33-543305	
Weed Control	102-35-275-33-543305	
Fairgrounds	106-49-313-54-543305	
Solid Waste	401-72-373-32-543305	
CC Security Dept.	001-17-222-19-543305	
<b>Total</b>		



CANYON COUNTY  
AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

Do Not Use This Space

V E N D O R	NAME <u>Debbie Kreidler</u>					
	ADDRESS <u>1115 Albany Street</u>					
	CITY / STATE <u>Caldwell, ID</u>			ZIP <u>83605</u>		
I N V O I C E	INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$	
	2746	6/26/2023		CR14-23-01010 - State vs. Jason Castillo	\$81.25	
				Preparation of February 3, 2023 Preliminary		
				Hearing transcript		
	TOTAL				\$81.25	
O A T H	I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.					
	PRINT NAME <u>Diane Hoadley</u>		SIGNATURE <u>Diane Hoadley</u>			
D E P T	OK <u>[Signature]</u> (I CERTIFY THAT THESE ARE ACTUAL AND NECESSARY EXPENDITURES - IC 31-3101)					
	Print Name <u>Bryan F. Taylor</u>		Department Name <u>Prosecuting Attorney</u>			
A U D I T O R	FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
	001	08	339	15	548013	\$81.25
B O A R D	APPROVED	DISAPPROVED	DATE	COMMENTS		









# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

Do Not Use This Space

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**NAME** CARES Program - St. Luke's Children's Hospital

**ADDRESS** 417 S. 6th St.

**CITY / STATE** Boise, ID

**ZIP** 83702

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INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
	6/13/2023		Medical Records - CV14-23-04219	\$40.00
	6/15/2023		Medical Records - JV14-23-00280	\$40.00
	6/15/2023		Medical Records - JV14-23-00265	\$25.00
	6/15/2023		Medical Records - CV14-23-05025	\$40.00
<b>TOTAL</b>				\$145.00

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I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.

**PRINT NAME**

Diane Hoadley

**SIGNATURE**

*Diane Hoadley*

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*Bryan Taylor*

(I CERTIFY THAT THESE ARE ACTUAL AND  
NECESSARY EXPENDITURES - IC 31-3101)

**Print Name**

Bryan F. Taylor

**Department Name**

Prosecuting Attorney

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FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001	08	339	15	548501	\$145.00

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**APPROVED**

**DISAPPROVED**

**DATE**

**COMMENTS**









Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-22-17424	6/1/23	596483	001-08-339-15-521132	Y LOPEZ	\$520.00	624623	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-521132 Total</b>		\$520.00			
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-22-17424	6/1/23	596483	001-08-339-15-521135	Y LOPEZ	\$23.58	624623	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-521135 Total</b>		\$23.58			
MASTERCARD	9614	7/3/23	596866	001-08-339-15-521220		\$179.14	624553	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-521220 Total</b>		\$179.14			
WESTERN RECORDS DESTRUCTION	0648201	7/1/23	596526	001-08-339-15-522301		\$67.00	624677	7/25/23	Prosecuting Attorney
WESTERN RECORDS DESTRUCTION	0639396	5/1/23	596906	001-08-339-15-522301		\$79.00	624677	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-522301 Total</b>		\$146.00			
BOISE OFFICE EQUIPMENT	IN3552731	7/5/23	596897	001-08-339-15-533310		\$537.92	624414	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-533310 Total</b>		\$537.92			
MASTERCARD	5483	7/3/23	596865	001-08-339-15-542201		\$88.92	624553	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-542201 Total</b>		\$88.92			
GARCIA, CHRISTINA	JUN CELL	7/14/23	596628	001-08-339-15-542203		\$55.00	624481	7/25/23	Prosecuting Attorney
HANSON, DEBRA	JUN CELL	7/14/23	596628	001-08-339-15-542203		\$55.00	624498	7/25/23	Prosecuting Attorney
HIMES, DENISE R	JUN CELL	7/14/23	596628	001-08-339-15-542203		\$55.00	624505	7/25/23	Prosecuting Attorney
SWANSON, GREG	JUN CELL	7/14/23	596628	001-08-339-15-542203		\$55.00	624635	7/25/23	Prosecuting Attorney
WESLEY, ZACHARY	JUN CELL	7/14/23	596628	001-08-339-15-542203		\$55.00	624672	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-542203 Total</b>		\$275.00			
MASTERCARD	9614	7/3/23	596866	001-08-339-15-545501		\$35.49	624553	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-545501 Total</b>		\$35.49			
ID ASSOC OF COUNTIES	INV024430	7/11/23	596667	001-08-339-15-546610		\$220.00	624509	7/25/23	Prosecuting Attorney

Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
MASTERCARD	5483	7/3/23	596865	001-08-339-15-546610		(\$359.00)	624553	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-546610 Total</b>		(\$139.00)			
BEST WESTERN PLUS CALDWELL INN & SUITES	9074	7/5/23	596518	001-08-339-15-548018		\$98.00	624410	7/25/23	Prosecuting Attorney
MASTERCARD	5483	7/3/23	596865	001-08-339-15-548018		\$220.32	624553	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-548018 Total</b>		\$318.32			
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-23-10060	6/29/23	596490	001-08-339-15-548501	PREECE	\$40.00	624623	7/25/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-23-08249	6/29/23	596490	001-08-339-15-548501	INGRAM	\$50.00	624623	7/25/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-23-08249	6/29/23	596490	001-08-339-15-548501	INGRAM.	\$25.00	624623	7/25/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-23-07903	6/29/23	596490	001-08-339-15-548501	ROMERO	\$25.00	624623	7/25/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CV14-23-04433	6/29/23	596558	001-08-339-15-548501		\$40.00	624623	7/25/23	Prosecuting Attorney
ST LUKES REGIONAL MEDICAL CENTER-CARES PROGRAM	CR14-23-09659	7/12/23	596698	001-08-339-15-548501		\$25.00	624623	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-548501 Total</b>		\$205.00			
MASTERCARD	5483	7/3/23	596865	001-08-339-15-548512		\$1,400.00	624553	7/25/23	Prosecuting Attorney
THOMSON REUTERS - WEST	848542588	7/1/23	596489	001-08-339-15-548512		\$3,473.93	624643	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-548512 Total</b>		\$4,873.93			
MASTERCARD	9614	7/3/23	596866	001-08-339-15-551010		\$97.75	624553	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-551010 Total</b>		\$97.75			
MASTERCARD	5483	7/3/23	596865	001-08-339-15-554100		\$15.99	624553	7/25/23	Prosecuting Attorney
MASTERCARD	9614	7/3/23	596866	001-08-339-15-554100		\$15.99	624553	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-554100 Total</b>		\$31.98			
MASTERCARD	5483	7/3/23	596865	001-08-339-15-577100		\$58.57	624553	7/25/23	Prosecuting Attorney



Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
MASTERCARD	9614	7/3/23	596866	001-08-339-15-577100		\$11.99	624553	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-577100 Total</b>		\$70.56			
HENRIKSEN BUTLER DESIGN GROUP	119097	6/29/23	596629	001-08-339-15-684230		\$4,210.00	624502	7/25/23	Prosecuting Attorney
				<b>001-08-339-15-684230 Total</b>		\$4,210.00			
						\$11,474.59			Prosecuting Attorney Total



# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

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**NAME** Kristen Ray Bennett - St. Luke's Children's Hospital

**ADDRESS** 417 S. 6th St.

**CITY / STATE** Boise, ID

**ZIP** 83702

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INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
	6/1/2023		CR14-22-17424 - State vs. Jovany Garcia Lopez	
			Expert testimony at Jury Trial on June 1, 2023	
			Prep: 4 hours at \$80.00 per hour	\$320.00
			Travel Time: .50 hours at \$80.00 per hour	\$40.00
			Court Time: 2 hours at \$800.00 per hour	\$160.00
			Mileage: 36 roundtrip miles at \$.655 per mile	\$23.58
			<b>TOTAL</b>	<b>\$543.58</b>

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I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.

**PRINT NAME**

Diane Hoadley

**SIGNATURE**

*Diane Hoadley*

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OK

*Bryan F. Taylor*  
(I CERTIFY THAT THESE ARE ACTUAL AND  
NECESSARY EXPENDITURES, AC 31-3101)

**Print Name**

Bryan F. Taylor

**Department Name**

Prosecuting Attorney

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FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001	08	339	15	521132	\$520.00
001	08	339	15	521135	\$23.58

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**APPROVED**

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**DATE**

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# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

Do Not Use This Space

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NAME Mastercard

ADDRESS P.O. Box 35138

CITY / STATE Seattle WA

ZIP 98124-5138

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INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
	6/8/2023		Walmart - snacks for Victim Witness Unit	\$35.49
PODS005192501	6/10/2023		PODS - Storage for State vs. Dalrymple	\$179.14
MHRHJS8ZFQ8P	6/15/2023		Dropbox Inc. - shared folder	\$11.99
INV207691818	6/23/2023		Zoom - Video Communications	\$15.99
			9614 - Page 1 of 2	
			TOTAL	

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PRINT NAME

Diane Hoadley

SIGNATURE

*Diane Hoadley*

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*[Signature]*

(I CERTIFY THAT THESE ARE ACTUAL AND  
NECESSARY EXPENDITURES - IC 31-3101)

Print Name

Bryan Taylor

Department Name

Canyon County Prosecuting Attorney

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FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001 -	08 -	339 -	15 -	545501	\$15.99
001 -	08 -	339 -	15 -	521220	\$179.14
001 -	08 -	339 -	15 -	577100	\$11.99
001 -	08 -	339 -	15 -	544100-COVID-19	\$15.99

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APPROVED DISAPPROVED DATE COMMENTS








Invoice # 0648201						Invoice Date 07/01/2023
Western Records Destruction						Services 06/01/2023-06/30/2023
DEPARTMENT NAME	FUND	DEPT	DIV	BASIC	OBJ	TOTAL AMOUNT DUE
Assessor	103	38	280	14	522301	\$
Assessor DMV	001	06	213	14	522301	\$
Commissioners	001	02	205	13	522301	\$
Consolidated Elections	124	12	221	14	522301	
Court Clerks	104	07	336	12	522301	\$
Development Services	001	15	231	19	522301	\$
Elections	001	01	220	14	522301	
Extension Office	106	20	253	55	522301	\$
Fairgrounds	106	49	313	54	522301	
Human Resources	001	18	246	19	522301	\$
Indigent Services	001	01	202	14	522301	
Information Technology	001	16	237	14	522301	\$
Juvenile Detention	001	25	348	23	522301	\$
Juvenile Probation	104	44	300	27	522301	\$
Misdemeanor Probation	116	42	294	21	522301	\$
Prosecuting Attorney	001	08	339	15	522301	\$ 67.00
Public Defender	116	27	342	15	522301	\$
Recorders/Indigent Services	001	01	202	14	522301	\$
Sheriff	116	03	410	21	522301	\$
Treasurers	001	05	208	14	522301	
Trial Courts	104	40	285	12	522301	\$
<b>TOTAL</b>						\$



Invoice # 0639396						Invoice Date 05/01/23	
Western Records Destruction						Services 04/01/23 - 04/30/23	
DEPARTMENT NAME	FUND	DEPT	DIV	BASIC	OBJ	TOTAL AMOUNT DUE	
Assessor	103	38	280	14	522301	\$	
Assessor DMV	001	06	213	14	522301	\$	
Commissioners	001	02	205	13	522301	\$	
Consolidated Elections	124	12	221	14	522301		
Court Clerks	104	07	336	12	522301	\$	
Development Services	001	15	231	19	522301	\$	
Elections	001	01	220	14	522301		
Extension Office	106	20	253	55	522301	\$	
Fairgrounds	106	49	313	54	522301		
Human Resources	001	18	246	19	522301	\$	
Indigent Services	001	01	202	14	522301		
Information Technology	001	16	237	14	522301	\$	
Juvenile Detention	001	25	348	23	522301		
Juvenile Probation	104	44	300	27	522301	\$	
Misdemeanor Probation	116	42	294	21	522301		
Prosecuting Attorney	001	08	339	15	522301	\$	79.00
Public Defender	116	27	342	15	522301	\$	
Recorders/Indigent Services	001	01	202	14	522301	\$	
Sheriff	116	03	410	21	522301	\$	
Treasurers	001	05	208	14	522301		
Trial Courts	104	40	285	12	522301	\$	
<b>TOTAL</b>						\$	



Budget line items for BOE		
June Billing		
<u>Dept.</u>		<u>Total \$</u>
Auditor/Indigent	001-01-201-14-533310	
Recorder	001-01-202-14-533310	
Election	001-01-220-14-533310	
Election	124-12-221-14-533310	
Commissioner	001-02-205-13-533310	
Treasurer	001-05-208-14-533310	
P.A.	001-08-339-15-533310	\$537.92
Coroner	001-11-217-19-533310	
Maintenance	001-14-226-19-533310	
DSD	001-15-231-19-533310	
I.T.	001-16-237-14-533310	
H.R.	001-18-246-19-533310	
Fleet	001-24-263-19-533310	
Juv. Detention	001-25-348-23-533310	
Weed	102-35-275-33-533310	
Assessor	103-38-280-14-533310	
Courts	104-40-285-12-533310	
Juv. Probation	104-44-300-27-533310	
County Extention	106-20-253-55-534408	
Fair	106-49-313-54-533310	
Parks & Recs	108-52-312-52-533310	
Sheriffs	116-03-410-21-533310	
Public Defender	116-27-342-15-533310	
CCNU	116-28-354-21-533310	
Misd. Probation	116-42-294-21-533310	
Landfill	401-72-373-32-533310	
	<b>Total</b>	\$

Boise Office Equipment  
330 N. Ancestor Place, Suite 100



# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

Do Not Use This Space

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NAME Mastercard

ADDRESS P.O. Box 35138

CITY / STATE Seattle WA

ZIP 98124-5138

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INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
112731690	6/6/2023		Sparklight - Business Modem Lease	\$88.92
	6/8/2023		Credit Voucher - Northwest Alcohol Conf. for duplicate payment for DPA J. Hurlbert	-\$359.00
	6/7/2023	PA#2380	Holiday Inn - hotel for witness for Grand Jury	\$220.32
	6/19/2023		Amazon- Adapter/Charge for Dell Latitude & batteries	\$58.57
			5483 Page 1 of 2	
			TOTAL	

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I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.

PRINT NAME Diane Hoadley

SIGNATURE Diane Hoadley

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OK

(I CERTIFY THAT THESE ARE ACTUAL AND  
NECESSARY EXPENDITURES - IC 31-3101)

Print Name Bryan Taylor

Department Name Canyon County Prosecuting Attorney

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FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001 -	08 -	339 -	15 -	542201	\$88.92
001 -	08 -	339 -	15 -	548018	\$220.32
001 -	08 -	339 -	15 -	577100	\$58.57
001 -	08 -	339 -	15 -	546610	-\$359.00

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# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

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NAME Mastercard

ADDRESS P.O. Box 35138

CITY / STATE Seattle WA

ZIP 98124-5138

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INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
INV208058128	6/26/2023		Zoom: Video Communication	\$15.99
27011	6/28/2023	#5470	ConsensusDocs - contracts package	\$1,400.00
			5483 Page 2 of 2	
TOTAL				\$1,424.80

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I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.

PRINT NAME

Diane Hoadley

SIGNATURE

*Diane Hoadley*

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OK

I CERTIFY THAT THESE ARE ACTUAL AND  
NECESSARY EXPENDITURES - IC 21-3101)

Print Name

Bryan Taylor

Department Name

Canyon County Prosecuting Attorney

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FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001	08	339	15	554100-COVID-19	\$15.99
001	08	339	15	548512	\$1,400.00

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# CANYON COUNTY AUDITOR

1115 Albany Street  
Caldwell, Idaho 83605

Do Not Use This Space

V E N D O R	NAME <u>Prosecutors Office</u>					
	ADDRESS _____					
	CITY / STATE _____					
	ZIP _____					
I N V O I C E	INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$	
		7/14/2023		PA's Office Cell phone stipend		
				Please see attached list of Employees to receive \$55.00		
				Stipend for the month of June, 2023		
				Seven (7)		
				Two (2) for Nampa Office	\$110.00	
				Five (5) for Caldwell	\$275.00	
TOTAL					\$385.00	
O A T H	I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.					
	PRINT NAME <u>Melinda Longoria</u>		SIGNATURE <u>Melinda Longoria</u>			
D E P T	OK <u>Bryan Taylor</u> (I CERTIFY THAT THESE ARE ACTUAL AND NECESSARY EXPENDITURES - IC 31-3101)					
	<u>Bryan Taylor</u> Print Name		Department Name <u>CCPA</u>			
A U D I T O R	FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
	001	08	344	15	542203	\$110.00
	001	08	339	15	542203	\$275.00
B O A R D	APPROVED	DISAPPROVED	DATE	COMMENTS		



111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605









# CANYON COUNTY AUDITOR

111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605

Do Not Use This Space

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**NAME** CARES Program - St. Luke's Children's Hospital

**ADDRESS** 417 S. 6th St.

**CITY / STATE** Boise, ID

**ZIP** 83702

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INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
	6/23/2023		Medical Records - CR14-23-10060	\$40.00
	6/29/2023		Medical Records - CR14-23-08249	\$50.00
	6/29/2023		Medical Records - CR14-23-08249	\$25.00
	6/29/2023		Medical Records - CR14-23-07903	\$25.00
<b>TOTAL</b>				\$140.00

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I CERTIFY that the above account is correct; that the services and/or merchandise were furnished as stated, and the same is justly due and unpaid.

**PRINT NAME**

Diane Hoadley

**SIGNATURE**

*Diane Hoadley*

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OK

*Bryan F. Taylor*

(I CERTIFY THAT THESE ARE ACTUAL AND  
NECESSARY EXPENDITURES - IC 31-3101)

**Print Name**

Bryan F. Taylor

**Department Name**

Prosecuting Attorney

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FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001	08	339	15	548501	\$140.00

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**DISAPPROVED**

**DATE**

**COMMENTS**







111 NO. 11th Ave Suite 320  
Caldwell, Idaho 83605



### COMMENTS



APPROVED	DISAPPROVED	DATE	COMMENTS
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