



Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
VERIZON WIRELESS SERVICES LLC	9954870339	1/22/24	602622	001-08-344-15-542203		\$240.00	634991	2/9/24	Prosecutor
				001-08-344-15-542203 Total		\$240.00			
						\$240.00			Nampa Prosecutor Total

**Budget Line Item for Verizon Bill
January 2024**

		TOTAL
Auditor/Indigent	001-01-201-14-542203	
Assessor	103-38-280-14-542203	
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	
Total		\$ 

Grand Total \$  ✓

Vendor name
SOMOZA, ELEONORA

Invoice number
JAN CELL

Voucher
Invoice date Number Account number
2/7/24 602998 001-08-344-15-542203
001-08-344-15-542203 Total

Description

Amount	Payment number	Payment date	Division
\$55.00	635626	2/26/24	Nampa Prosecutor
\$55.00			
\$55.00			Nampa Prosecutor Total



CANYON COUNTY AUDITOR

1115 Albany Street
Caldwell, Idaho 83605

Do Not Use This Space

V E N D O R	NAME	Prosecutors Office		
	ADDRESS	_____		
	CITY / STATE	_____	ZIP	_____

I N V O I C E	INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$
		2/7/2024		PA's Office Cell phone stipend	
				Please see attached list of Employees to receive \$55.00	
				Stipend for the month of January 2024	
				Five (5)	
				One (1) for Nampa	\$55.00
				Four (4) for Caldwell	\$220.00
				TOTAL	\$275.00

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	SIGNATURE
	Melinda Longoria	<i>Melinda Longoria</i>

D E P T	OK	
	(I CERTIFY THAT THESE ARE ACTUAL AND NECESSARY EXPENDITURES - IC 31-3101)	
	Print Name	Department Name
	Bryan Taylor	CCPA

A U D I T O R	FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
	001	- 08	- 344	- 15	- 542203	\$55.00
	001	- 08	- 339	- 15	- 542203	\$220.00

B O A R D	APPROVED	DISAPPROVED	DATE	COMMENTS
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____