

Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
VERIZON WIRELESS SERVICES LLC	9962304909	4/22/24	605484	001-08-344-15-542203		\$240.00	639216	5/10/24	Prosecutor
				001-08-344-15-542203 Total		\$240.00			Nampa
						\$240.00			Prosecutor
									Total

Budget Line Item for Verizon Bill

April 2024

		TOTAL
Assessor	103-38-280-14-542203	
Auditor/Indigent	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	
HR	001-18-246-19-542203	
IT	001-16-237-14-542203	
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	\$240.00
PA	001-08-339-15-542203	
Parks	108-52-312-52-542203	
PD	116-27-342-15-542203	
Recorders	001-01-202-14-542203	
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	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
SOMOZA, ELEONORA	APR CELL	5/8/24	605862	001-08-344-15-542203		\$55.00	640022	5/24/24	Prosecutor
				001-08-344-15-542203 Total		\$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 <u>Prosecutors Office</u>					
	ADDRESS _____					
	CITY / STATE _____			ZIP _____		
I N V O I C E	INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT \$	
		5/8/2024		PA's Office Cell phone stipend		
				Please see attached list of Employees to receive \$55.00		
				Stipend for the month of April 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 <u>Melinda Longoria</u>		SIGNATURE <u><i>Melinda Longoria</i></u>			
D E P T	OK <u><i>Bryan Taylor</i></u>					
	(I CERTIFY THAT THESE ARE ACTUAL AND NECESSARY EXPENDITURES - IC 31-3101)					
	Bryan Taylor 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	\$55.00
	001	08	339	15	542203	\$220.00
B O A R D	APPROVED	DISAPPROVED	DATE	COMMENTS		
	_____	_____	_____	_____		
	_____	_____	_____	_____		
	_____	_____	_____	_____		