

Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
VERIZON WIRELESS									Nampa
SERVICES LLC	9964813118	5/22/24	606269	001-08-344-15-542203		\$240.00	640532	6/10/24	Prosecutor
				001-08-344-15-542203 Total		\$240.00			
						\$240.00			Nampa Prosecutor Total

Budget Line Item for Verizon Bill

May 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		nove to Auditors
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	MAY CELL	6/4/24	606545	001-08-344-15-542203		\$55.00	641641	6/25/24	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 \$	
		6/4/2024		PA's Office Cell phone stipend		
				Please see attached list of Employees to receive \$55.00		
				Stipend for the month of May, 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>Melinda Longoria</u>			
D E P T	OK <u>Bryan Taylor</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		
	_____	_____	_____	_____		
	_____	_____	_____	_____		
	_____	_____	_____	_____		