Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Date	Check Date	Division
VERIZON WIRELESS SERVICES LLC	9974505632	9/22/24	610148	001-08-344-15-542203		$240.00	646532	10/10/24	Nampa Prosecutor
				001-08-344-15-542203 Total		$240.00			
						$240.00			**Nampa Prosecutor Total**

Budget Line Item for Verizon Bill
September 2024

		TOTAL
Assessor	103-38-280-14-542203	[redacted]
Auditor/Indigent/Recorder	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	[redacted]
Parks	108-52-312-52-542203	
PD	116-27-342-15-542203	
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	

Grand Total $[redacted]

Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Number	Check Date	Division
SOMOZA, ELEONORA	SEP CELL	9/4/24	610371	001-08-344-15-542203		$55.00	647112	10/25/24	Nampa Prosecutor
				001-08-344-15-542203 Total		$55.00			
									Nampa Prosecutor
						$55.00			**Total**

CANYON COUNTY AUDITOR

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

Do Not Use This Space

VENDOR

NAME Prosecutor's Office

ADDRESS

CITY / STATE **ZIP**

INVOICE

INVOICE NUMBER	INVOICE DATE	P.O. #	DESCRIPTION	AMOUNT $
	9/4/2024		PA's Office cell phone stipend	
			Please see attached list of five (5) employees	
			to receive $55.00 stipend for the month of	
			September, 2024	
			(1) for Nampa	$55.00
			(3) for Caldwell	$165.00
			TOTAL	$220.00

OATH

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

AUDITOR

FUND	DEPT.	DIV	BASIC	OBJ	AMOUNT
001	08	344	15	542203	$55.00
001	08	339	15	542203	$165.00

BOARD

APPROVED	DISAPPROVED	DATE	COMMENTS