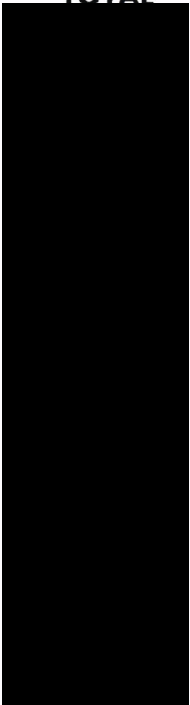


Vendor name	Invoice number	Invoice date	Claim Number	Account number	Description	Amount	Check Date	Check Date	Division
VERIZON WIRELESS SERVICES LLC	9974505632	9/22/24	610148	001-08-344-15-542203		\$240.00	646532	10/10/24	Nampa Prosecutor
				001-08-344-15-542203 Total		\$240.00			
						\$240.00			Nampa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

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

		TOTAL
Assessor	103-38-280-14-542203	
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	
PA	001-08-339-15-542203	
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	

\$240.00

Grand Total

\$

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			
						\$55.00			Nampa Prosecutor Total



CANYON COUNTY AUDITOR

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

Do Not Use This Space

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NAME Prosecutor's Office

ADDRESS _____

CITY / STATE _____

ZIP _____

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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

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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 -	344 -	15 -	542203	\$55.00
001 -	08 -	339 -	15 -	542203	\$165.00
-	-	-	-	-	-
-	-	-	-	-	-

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APPROVED _____

DISAPPROVED _____

DATE _____

COMMENTS _____