

Agenda Item
No. 1



Agenda Item
No. 2



Agenda Item
No. 3



Agenda Item

No. 4



Agenda Item No. 5-A



Agenda Item No. 5-B



Agenda Item

No. 6



Agenda Item

No. 7-A



Agenda Item

No. 7-B



Agenda Item

No. 8-A



Agenda Item

No. 9-A



ACCOUNTS PAYABLE CHECK REPORT APPROVAL

Torrance County Commission Approval:

We the undersigned members of the Torrance County Board of County Commissioners met in regular session on October 23, 2024, and approved the attached check report as presented against the funds of Torrance County in the amount of \$2,663,487.58 Kevin McCall, District 1 Ryan Schwebach, District 2 Samuel D. Schropp, District 3 Attest: Linda Jaramillo, County Clerk **Torrance County Treasurer Approval:** I, the Torrance County Treasurer, do hereby certify that sufficient funds exist for the payment of the checks listed on the attached check report. Kathyrn Hernandez, County Treasurer **Check Report Summary:** Check Report Dates: 10/04/2024 to 10/17/2024 **Total Payments: 128** Total Checks: 106 Checks: 130419 to 130528 Voided Checks: 8 Checks: 129856, 130045, 130331, 130452, 130470, 130478 130491, 130498

REVERSED)

258 TO 263

EFT:

DFT0000992, DFT0000993, DFT0000994, DFT0000995, DFT0000996, DFT0000997, DFT0000998, DFT0000999, DFT00009986-, DFT0000991 NOT USED) (DFT0000999

Total of Payments Issued:

Electronic Fund Transfers:

Bank Drafts:

\$2,663,487.58

8

6



Torrance County, NM

Check Report

By Check Number

Date Range: 10/04/2024 - 10/17/2024

WEXT				<u>-</u>	Discount Amount	Payment Amount	Number
Vendor Number	Vendor Name		Payment Date	Payment Type	Discount Amount	rayment Amount	
Bank Code: Main Check		ICT	10/09/2024	EFT	0.00	646.39	258
418	COLUMBUS BANK AND TRU	Post Date	Payable Description		Discount Amount Par	yable Amount	
Payable #	Payable Type		int Name	Item Description	Distribution A		
	Account Number	10/10/2024	Flex Plan		0.00	646.39	
INV0004032	Invoice	,	II Liabilities	Flex Plan		646.39	
	401-000-9001	Taylo	ii Liabiiicies				
1222	CORECIVIC INC.		10/09/2024	EFT	0.00	2,212,695.22	259
1232 Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount Pa	yable Amount	
rayable #	Account Number	Accou	int Name	Item Description	Distribution A		
TCSO-ICE 072024		10/02/2024	ICE & USMS INMA		0.00	2,212,695.22	
1030 102 07 202 1	825-070-2172	CARE	OF INMATES	JUL 2024 ICE INMATE	HOUSING 2,212	,695.22	
						442 406 42	200
1232	CORECIVIC INC.		10/09/2024	EFT	0.00		260
Payable #	Payable Type	Post Date	Payable Descripti		Discount Amount Pa		
•	Account Number	Accou	ınt Name	Item Description	Distribution A	112.486.42	
TCDF 092024	Invoice	10/07/2024	Core Civic Inmate			2,486.42	
	420-070-2172	CARE	OF INMATES	Estimate for Septembe	er Core CI	1,400.42	
			(((0.00	45,226.41	261
4832	PRESBYTERIAN HEALTH PL		10/09/2024	EFT	Discount Amount Pa	,	
Payable #	Payable Type	Post Date	Payable Descripti	Item Description	Distribution		
	Account Number		unt Name Presbyterian Heal	•	0.00	40,667.32	
INV0004044	Invoice	10/10/2024	oll Liabilities	Presbyterian Health Ir),667.32	
	401-000-9001				0.00	4,559.09	
INV0004045	Invoice	10/10/2024	Presbyterian Heal	th Insurance Presbyterian Health Ir		1,559.09	
	<u>401-000-9001</u>	Payro	oll Liabilities	Presbyterian neatti n	isurance	1,555.05	
			10/09/2024	EFT	0.00	1,707.63	262
5189	SUNRISE BANK	Post Date	Payable Descript		Discount Amount Pa	yable Amount	
Payable #	Payable Type Account Number		unt Name	Item Description	Distribution	Amount	
1817/0004047	Invoice	10/10/2024	Sunrise Loan		0.00	1,707.63	
INV0004047	401-000-9001		oll Liabilities	Sunrise Loan		1,707.63	
	401-000-3001	,					
4832	PRESBYTERIAN HEALTH PL	AN	10/15/2024	EFT	0.00		263
Payable #	Payable Type	Post Date	Payable Descript	ion	Discount Amount Pa	-	
i ayasıcı	Account Number	Acco	unt Name	Item Description	Distribution		
INV0004061	Invoice	10/10/2024	Presbyterian Hea		0.00	364.15	
	401-000-9001	Payre	oll Liabilities	Presbyterian Health I	nsurance	364.15	
					0.00	600.03	129856
4339	LIBERTY NATIONAL LIFE IN	ISURANCE	10/08/2024	Regular	0.0		130045
VEN01359	HOLCOMB LAW OFFICE		10/10/2024	Regular	0.0		130331
2021	PRE-PAID LEGAL SERVICES	, INC	10/08/2024	Regular	0.0		130419
5450	AMAZON BUSINESS	Deat Date	10/08/2024	Regular	Discount Amount Page 1	-	
Payable #	Payable Type	Post Date	Payable Descript	Item Description	Distribution	-	
	Account Number		unt Name OFFICE SUPPLIES	• • •	0.00	38.86	
1DPT-LPF6-J3NQ		10/07/2024	PLIES - GENERAL OFFI			19.87	
	401-055-2219		PLIES - GENERAL OFFI			18.99	
	401-055-2219	3011	2.25 02.12.0.2011				
2201	CINTAS CORPORATION NO	n 2	10/08/2024	Regular	0.0	0 19.35	130420
3391	CINTAS CORPORATION NO	J. Z					

	ec							
CII	ec	ĸ	п	e	u	u	ГL	

Date Range: 10/04/2024 - 10/17/2024

Vendor Number Payable #	Vendor Name Payable Type	Post Date	Payable Description		Discount Ar	nount Pa	Payment Amount yable Amount	Number
E220E422E6/	Account Number		nt Name	Item Description	D	istribution A		
5228513356/serv		10/07/2024	SAFETY CABINET S			0.00	19.35	
	911-080-2248	SUPPL	IES - SAFETY	SERVICE CHARGE			19.35	
4834	DELTA DENTAL OF NEW M	EVICO INC	10/08/2024	Regular		0.00	1,632.21	120/21
Payable #		Post Date	Payable Description	- 	Discount An		yable Amount	130421
rayable #	Payable Type Account Number		nt Name	Item Description		istribution A	-	
DENTAL			EMPLOYEE DENTA		Di	0.00	1,632.21	
DENTAL	Invoice	10/08/2024		EMPLOYEE DENTAL 9.2	1		,500.66	
	<u>401-000-9001</u>	•	l Liabilities			1		
	<u>401-000-9001</u>	Payron	l Liabilities	EMPLOYEE DENTAL 9.2	4		131.55	
VEN01183	Metropolitan Life Insuranc	e Company	10/08/2024	Regular		0.00	2,347.56	130422
Payable #	Payable Type	Post Date	Payable Description	-	Discount An		yable Amount	130 122
Tayable #	Account Number		nt Name	Item Description		stribution A	•	
<u>METLIFE</u>	Invoice	10/08/2024	EMPLOYEE METLIF		Di	0.00	2,347.56	
IVILILIIL	401-000-9001		Liabilities	EMPLOYEE METLIFE PA	VIMENTS	0.00	362.11	
	401-000-9001	•	Liabilities	EMPLOYEE METLIFE PA		1	,985.45	
	401-000-3001	Faylon	Liabilities	LIVIPLOTEL IVILITEIPE PA	TIVILIVIS	1,	,565.45	
2021	PRE-PAID LEGAL SERVICES,	INC	10/08/2024	Regular		0.00	551.35	130423
Payable #	Payable Type	Post Date	Payable Description	-	Discount An		able Amount	100.15
r dyddic n	Account Number		nt Name	Item Description		stribution A		
130331	Invoice	10/08/2024		MPLOYEE DEDUCTIONS	Ο.	0.00	551.35	
130331	401-000-9001		Liabilities	PRE PAID LEGAL EMPLO	VEE DED		551.35	
	401-000-5001	rayion	Liabilities	THE FAID LEGAL LIVIN LO	TEL DED		551.55	
3	4 RIVERS EQUIPMENT, LLC		10/09/2024	Regular		0.00	558.57	130424
Payable #	Payable Type	Post Date	Payable Description	•	Discount An		able Amount	200 .2 .
	Account Number		nt Name	Item Description		stribution A		
1685411	Invoice	10/07/2024	Belt and Hub to rep	•		0.00	558.57	
2000122	402-060-2244		ENANCE & REPAIR	Shipping		0.00	45.00	
	402-060-2244		ENANCE & REPAIR	FAN DRIVE			230.48	
	402-060-2244		ENANCE & REPAIR	V-belt			50.45	
	402-060-2244		ENANCE & REPAIR	Hy-GARD 5 Gal oil			232.64	
				,				
VEN01390	ACROSS THE STREET PROD	UCTIONS, INC.	10/09/2024	Regular		0.00	385.00	130425
Payable #	Payable Type	Post Date	Payable Descriptio	n	Discount Am	nount Pay	able Amount	
	Account Number	Accoun	nt Name	Item Description	Dis	stribution A	mount	
26262	Invoice	10/07/2024	Online Training Fire	e Dept		0.00	385.00	
	413-091-2266	EMPLO	YEE TRAINING	Online Training Fire Dep	ot		385.00	
VEN01336	AKC PLUMBING, LLC		10/09/2024	Regular		0.00	1,467.47	130426
Payable #	Payable Type	Post Date	Payable Descriptio	n	Discount Am	ount Pay	able Amount	
	Account Number	Accoun	nt Name	Item Description	Dis	stribution A	mount	
Invoice number 0	Invoice	10/02/2024	EMERGENCY AC RE	PAIR		0.00	1,467.47	
	401-082-2215	MAINTI	ENANCE & REPAIR	EMERGENCY A/C REPAIR			917.47	
	401-082-2215	MAINTI	ENANCE & REPAIR	MOTHER BOARD, CONTA	ACTOR,		550.00	
5450	AMAZON BUSINESS		10/09/2024	Regular		0.00	309.65	130427
Payable #	Payable Type	Post Date	Payable Descriptio				able Amount	
4474 4057 51411	Account Number	Accoun		Item Description	Dis	stribution A		
<u>1174-4Q67-6J4H</u>	Invoice	10/02/2024	Office Supplies for I		- f Off:	0.00	309.65	
	401-073-2219		ES - GENERAL OFFI	LHS Engraved Door Signs			56.31	
	401-073-2219		ES - GENERAL OFFI	Avery File Folder Labels			15.77	
	401-073-2219		ES - GENERAL OFFI	Amazon Basics 10-Pack			146.23	
	401-073-2219		ES - GENERAL OFFI	Mr. Pen Mouse Pad with			6.98	
	401-073-2219		ES - GENERAL OFFI	Anthrodesk Monitor Mo			17.42	
	401-073-2219		ES - GENERAL OFFI	Avery Printable Business			12.47	
	401-073-2219		ES - GENERAL OFFI	Schnieder Nitrile Exam G			9.99	
	401-073-2219		ES - GENERAL OFFI	Supply 360 AS-IMP1104			9.49	
	605-013-2201	MAINTE	ENANCE & REPAIR	Cylinman Carburetor wit	th Fuel		34.99	

10/17/2024 3:09:19 PM Page 2 of 19

ack Popert						D	ate Range: 10/04/20	24 - 10/1
neck Report endor Number 964	Vendor Name AT & T MOBILITY LLC		Payment Date 10/09/2024	Payment Type Regular		count Amount 0.00	Payment Amount 3,520.74	Numbe
Payable #	Payable Type	Post Date	Payable Description		Discount		yable Amount	
	Account Number	Accour	nt Name	Item Description		Distribution A		
287269563904PF	lnvoice	10/09/2024	PROBATE CELL PHO		- 110405 4	0.00	51.08	
	401-096-2207	TELECO	OMMUNICATIONS	PROBATE CELL PHONE	E USAGE A		51.08	
287289563904A	Invoice	10/09/2024	ANIMAL SERVICES	CELL PHONE USAGE		0.00	349.17	
	401-096-2207	TELECO	OMMUNICATIONS	ANIMAL SERVICES CEI	LL PHONE		349.17	
287289563904AS	Invoice	10/09/2024	CELL PHONE USAG	E ASSESSOR		0.00	561.88	
20720330171	401-096-2207		OMMUNICATIONS	CELL PHONE USAGE A	ASSESSOR		561.88	
2072005620046		10/09/2024	COMMUNITY MON	NITOR		0.00	51.08	
287289563904C	Invoice 401-096-2207		OMMUNICATIONS	COMMUNITY MONITO	OR AUGUS		51.08	
						0.00	144.61	
287289563904D	Invoice	10/09/2024	DWI CELL PHONE U		ACE ALIGH	0.00	144.61	
	401-096-2207	TELECC	OMMUNICATIONS	DWI CELL PHONE USA	AGE AUGU			
287289563904TF	Invoice	10/09/2024	TREASURER CELL P			0.00	496.82	
	401-096-2207	TELECO	OMMUNICATIONS	TREASURER CELL PHC	ONE USAGE		496.82	
287289566455CI	Invoice	10/09/2024	CELL PHONE USAG	ie Clerk		0.00	406.38	
	401-096-2207	TELECO	OMMUNICATIONS	CELL PHONE USAGE C	CLERK AUG		406.38	
287289566455P2		10/09/2024	PLANNING AND 70	ONING CELL PHONE USA	Α	0.00	424.76	
20120330043372	401-096-22 <u>07</u>		OMMUNICATIONS	PLANNING AND ZONI			424.76	
				NT CELL BHONE HSAGE		0.00	1,034.96	
28729566455RO		10/09/2024		NT CELL PHONE USAGE ROAD DEPARTMENT (1,034.96	
	401-096-2207	TELECC	OMMUNICATIONS	ROAD DEPARTMENT	CLLLTHON		1,00 1.00	
100	DANK OF AMERICA		10/09/2024	Regular		0.00	1,049.97	130429
108 Payable #	BANK OF AMERICA Payable Type	Post Date	Payable Description		Discount	Amount Pa	yable Amount	
rayable #	Account Number		nt Name	Item Description		Distribution	Amount	
6279030	Invoice	10/07/2024	Collars and leashes	s for dogs		0.00	1,049.97	
0273030	430-082-2223		IES - KENNEL	Martingale collars		2	1,049.97	
							500.00	120120
-08	BANK OF AMERICA		10/09/2024	Regular	5 '	0.00		130430
Payable #	Payable Type	Post Date	Payable Description		Discount	Distribution	yable Amount	
	Account Number		nt Name	Item Description		0.00	500.00	
<u>1075</u>	Invoice	10/02/2024	Pallets of dog and IES - KENNEL	Pallets of dog and cat	food	0.00	500.00	
	430-082-2223	SUPPLI	ES - KEININEL	Pallets of dog and cat	. 100u		300.00	
	DANIK OF ANAEDICA		10/09/2024	Regular		0.00	86.74	130431
108	BANK OF AMERICA	Post Date	Payable Description	-	Discount	Amount Pa	yable Amount	
Payable #	Payable Type Account Number		nt Name	Item Description		Distribution	-	
PB9262024	Invoice	10/02/2024	Rehab for Respond	•		0.00	86.74	
PB9202024	604-083-2248		IES - SAFETY	Pizza - Pizzw w/1 top	ping (16")		18.75	
	604-083-2248		IES - SAFETY	Pizza - Pizzw w/2 topp			21.25	
	604-083-2248		IES - SAFETY	Card Fee			3.09	
	604-083-2248	SUPPL	IES - SAFETY	Pizza - Pizzw w/2 topp	ping (16")		27.40	
	604-083-2248	SUPPL	IES - SAFETY	Pizza - Cheese (16")			16.25	
			10/09/2024	Regular		0.00		130432
408	BANK OF AMERICA		10/09/2024		Discount	: Amount Pa	ayable Amount	
.08 Payable #	BANK OF AMERICA Payable Type	Post Date	Payable Description		Discount		A	
		Accou	Payable Descriptiont Name	Item Description	Discount	Distribution		
	Payable Type Account Number Invoice	Accou l 10/07/2024	Payable Descriptiont Name Collars and leashes	Item Description s for dogs	Discount	Distribution 0.00	349.99	
Payable #	Payable Type Account Number	Accou l 10/07/2024	Payable Descriptiont Name	Item Description	Discount			
Payable # 6279031	Payable Type Account Number Invoice 430-082-2223	Accou l 10/07/2024	Payable Description Name Collars and leasher	Item Description s for dogs Leashes	Discount	0.00	349.99 349.99	130433
Payable # 6279031 EN01274	Payable Type Account Number Invoice 430-082-2223 BOLDplanning, Inc	Accou i 10/07/2024 SUPPL	Payable Description Name Collars and leasher IES - KENNEL 10/09/2024	Item Description s for dogs Leashes Regular		0.00	349.99 349.99 0 655.67	130433
Payable # 6279031	Payable Type Account Number Invoice 430-082-2223 BOLDplanning, Inc Payable Type	Accour 10/07/2024 SUPPL Post Date	Payable Description IName Collars and leashed IES - KENNEL 10/09/2024 Payable Description	Item Description s for dogs Leashes Regular on		0.00 0.00 Amount Pa	349.99 349.99 O 655.67 ayable Amount	130433
6279031 EN01274	Payable Type Account Number Invoice 430-082-2223 BOLDplanning, Inc	Accour 10/07/2024 SUPPL Post Date	Payable Description IName Collars and leashed IES - KENNEL 10/09/2024 Payable Description IName	Item Description s for dogs Leashes Regular	Discoun	0.00	349.99 349.99 O 655.67 ayable Amount	130433

10/09/2024 Regular

BOUND TREE MEDICAL, LLC

859

0.00 203.80 130434

Charle Banart						Date Range: 10	/04/202	4 - 10/17/2024
Check Report			Decement Date	Daywood Tuno	Dissount Ame	_		
Vendor Number	Vendor Name		Payment Date			ount Payment A		Number
Payable #	Payable Type	Post Date	Payable Descript		Discount Amount	-	τ	
	Account Number		nt Name	Item Description		ion Amount		
<u>85508832</u>	Invoice	10/08/2024		uipment/Medications FY	0.00	203.80	,	
	416-083-2230	SUPPL	IES - MEDICAL	EMS Supplies/Equipme	nt/Ivieai	203.80		
106	CENTRAL NM ELECTRIC CO	OOP.	10/09/2024	Regular				130435
Payable #	Payable Type	Post Date	Payable Descript	ion	Discount Amount	Payable Amount	t	
	Account Number	Accou	nt Name	Item Description	Distribut	ion Amount		
Aug 3300	Invoice	10/03/2024	Monthly electric b	bill District 5	0.00	466.69	9	
	405-091-2208	UTILIT	IES - ELECTRICITY	August 3300		28.31		
	405-091-2208	UTILIT	IES - ELECTRICITY	August 1701		299.97		
	405-091-2208	UTILIT	IES - ELECTRICITY	August 3200		138.41		
106	CENTRAL NM ELECTRIC CO	OOP.	10/09/2024	Regular		0.00	542.90	130436
Payable #	Payable Type	Post Date	Payable Descript	•	Discount Amount	Payable Amount	t	
. ayaa.a	Account Number		nt Name	Item Description	Distribut	ion Amount		
08.2024 4401	Invoice	10/02/2024	Monthly Electric F	•	0.00	542.90)	
00.2024 4401	401-082-2208		IES - ELECTRICITY	August		542.90		
	102 002 2200							
106	CENTRAL NM ELECTRIC CO	OOP.	10/09/2024	Regular		0.00	455.93	130437
Payable #	Payable Type	Post Date	Payable Descripti	-	Discount Amount	Payable Amount	t	
rayable n	Account Number		nt Name	Item Description	Distribut	ion Amount		
08.2024 0701	Invoice	10/03/2024	Sheriff Monthly e	lectric bill	0.00	455.93	3	
00120210702	401-050-2208		IES - ELECTRICITY	August		455.93		
	101 030 2100	0						
106	CENTRAL NM ELECTRIC CO	OOP.	10/09/2024	Regular		0.00	673.54	130438
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount Amount	Payable Amount	t	
	Account Number	Accou	nt Name	Item Description	Distribut	ion Amount		
08.2024 6900	Invoice	10/03/2024	Fairgrounds Mont	thly Electric Bill	0.00	673.54	ļ	
	401-053-2208	UTILIT	IES - ELECTRICITY	August 2300		87.24		
	401-053-2208	UTILIT	IES - ELECTRICITY	August 6900		149.75		
	401-053-2208	UTILIT	IES - ELECTRICITY	August 4700		169.96		
	401-053-2208	UTILIT	IES - ELECTRICITY	August 2200		117.98		
	401-053-2208	UTILIT	IES - ELECTRICITY	August 1500		148.61		
106	CENTRAL NM ELECTRIC CO	OP.	10/09/2024	Regular		0.00	137.06	130439
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount Amount	Payable Amount	t	
,	Account Number	Accou	nt Name	Item Description	Distribut	ion Amount		
08.2024 4000	Invoice	10/03/2024	District 4 Monthly	/ Electric Bill	0.00	137.06	5	
	409-091-2208		IES - ELECTRICITY	August- 2700		76.95		
	409-091-2208	UTILIT	IES - ELECTRICITY	August- 4000		60.11		
106	CENTRAL NM ELECTRIC CO)OD	10/09/2024	Regular		0.00	816.17	130440
		Post Date	Payable Descripti	-	Discount Amount			200110
Payable #	Payable Type		nt Name	Item Description		ion Amount		
08.2024 9702	Account Number Invoice	10/02/2024		enter monthly elec bill	0.00	816.17	,	
00.2024 5/02	401-036-2208		IES - ELECTRICITY	August	3.30	816.17		
	-101-030-7500	OTILITI	LLO - LLLCTINICITI	,		0-0.47		
VEN01375	CHRIS L. ARCHULETA		10/09/2024	Regular				130441
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount Amount	Payable Amount	t	
	Account Number	Accou	nt Name	Item Description	Distribut	ion Amount		
10.2024	Invoice	10/03/2024	Superior Lease Ag	greement	0.00	2,000.00)	
	416-083-2204	RENT (OF BUILDING/LAND	October Rent & Utilities		2,000.00		
3391	CINTAS CORPORATION NO), 2	10/09/2024	Regular		0.00 1,	435.50	130442
	5 55 510 till 110 till 110		,,	-		,		

Check Report						Date Range:		
Vendor Number	Vendor Name	Door Doto	Payment Date	Payment Type		mount Paymen		Numbe
Payable #	Payable Type	Post Date	Payable Description		Discount Amoun	•	unt	
9286267382	Account Number		nt Name	Item Description		ution Amount	50	
9280207382	Invoice	10/02/2024	August- AED Devic		0.00		.50	
	600-006-2271		RACT - OTHER SERV	AED Devices- Estancia		130.50		
	600-006-2271		RACT - OTHER SERV	AED Devices- Road dep		130.50		
	600-006-2271		RACT - OTHER SERV	AED Devices- Animal Se	ervices	130.50		
	600-006-2271		RACT - OTHER SERV	AED Devices- Dispatch		130.50		
	600-006-2271		RACT - OTHER SERV	AED Devices- Fair Grou		130.50		
	600-006-2271		RACT - OTHER SERV	AED Devices- Mountain	nair	130.50		
	600-006-2271		ACT - OTHER SERV	AED Devices- Moriarty		130.50		
	600-006-2271		ACT - OTHER SERV	AED Devices- McIntosh		130.50		
	600-006-2271		ACT - OTHER SERV	AED Devices- Admin		130.50		
	600-006-2271		ACT - OTHER SERV	AED Devices- Judicial		130.50		
	600-006-2271	CONTR	ACT - OTHER SERV	AED Devices- CID/EM		130.50		
139	CITIZEN PRIME, LLC		10/09/2024	Regular		0.00	2,274.75	130443
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount	t Payable Amo	unt	
	Account Number	Accour	nt Name	Item Description	Distribu	ution Amount		
74542	Invoice	10/03/2024	Mount Kit Fire Adn	nin	0.00	2,274	.75	
	413-091-2248	SUPPLI	ES - SAFETY	PAC Heavy Rescue Tool	Mount K	479.90		
	413-091-2248	SUPPLI	ES - SAFETY	Akron Brass 95 GPM Py	rolite In-	1,394.95		
	413-091-2248	SUPPLI	ES - SAFETY	PAC Ram Base Mount K	(it With S	399.90		
1 16	CRYSTAL SPRINGS		10/09/2024	Regular		0.00	75.83	130444
Payable #	Payable Type	Post Date	Payable Description	_	Discount Amount	: Pavable Amou		
•	Account Number	Accoun	nt Name	Item Description		ition Amount		
10072024	Invoice	10/07/2024	Monthly Water De	•	0.00	75.	.83	
	401-020-2219	SUPPLI	ES - GENERAL OFFI	Monthly Water Delivery	У	75.83		
530	CTRL+P		10/09/2024	Regular		0.00	242.15	130445
Payable #	Payable Type	Post Date	Payable Descriptio	-	Discount Amount			150 / 15
,	Account Number		t Name	Item Description		ition Amount		
2024-10272	Invoice	10/02/2024		dent for Smart Choice	0.00		15	
	605-022-2221		NG/PUBLISHING/A	2024-10272		242.15		
N01230	CTRL-P Inc		10/09/2024	Regular		0.00	72 51	130446
Payable #	Payable Type	Post Date	Payable Descriptio	-	Discount Amount			130440
. αγαδίο π	Account Number		t Name	Item Description		tion Amount		
16CD18F6-0002		10/02/2024		7 - LEGAL ADVERSTISE	0.00		51	
10001010-0002	Invoice 401-055-2221			PROCESSING FEE	0.00	72. 10.71	21	
	401-055-2221		NG/PUBLISHING/A	RFP TC FY24-25-007 - LE	EGAL AD			
	-01-000-777T	PKINTIN	NG/FUDLISHING/A	NET 10 F124-25-00/ - Lt	EGAL AD	61.80		
61	CULLIGAN ABQ LLC		10/09/2024	Regular		0.00		130447
Payable #	Payable Type	Post Date	Payable Descriptio		Discount Amount		nt	
	Account Number	Accoun		Item Description		tion Amount		
<u>302361</u>	Invoice	10/02/2024	Water Delivery		0.00	24.	03	
	401-050-2271		SERVICES	September Water Delive		3.33		
	401-050-2271	OTHER:	SERVICES	September Water Delive	ery	20.70		
05	DOUBLE H AUTO		10/09/2024	Regular		0.00	743.48	130448
Payable #	Payable Type	Post Date	Payable Description	_	Discount Amount	Payable Amou		
	Account Number	Account		Item Description		tion Amount		
085302	Invoice	10/03/2024		nance for Issued Picku	0.00	152.0	00	
	402-060-2201			Repairs and Maintenanc		152.00		
085788	Invoice	10/03/2024	Repairs and Mainte	nance for Issued Picku	0.00	131.9	97	
	402.060.2201		NANCE & DEDAID	2 1 1 1 1 1 1	o for lo-	404.07		

MAINTENANCE & REPAIR Repairs and Maintenance for Iss

MAINTENANCE & REPAIR Repair and service on equipmen

Repair and service on equipment and ma

Repair and service on equipment and ma

131.97

64.52

64.52

150.99

0.00

0.00

402-060-2201

402-060-2244

Invoice

Invoice

598183

<u>598184</u>

10/03/2024

10/03/2024

Che	eck Report							Date Range: 10/	04/202	4 - 10/17/2024
	ndor Number	Vendor Name		Payment Date	Payment Type	Disco	ount Amo	unt Payment Ar	nount	Number
VCI	idoi Number	<u>402-060-2244</u>	MAINT	ENANCE & REPAIR	Repair and service on ec		ount Amo	150.99		Tuning.
	<u>598456</u>	Invoice 402-060-2244	10/03/2024 MAINT	Repair and service of Repair and service of Repair and service of Repair	on equipment and ma Repair and service on ec	quipmen	0.00	36.08 36.08		
	598457	Invoice	10/03/2024	Repair and service	on equipment and ma		0.00	20.38		
		402-060-2244		ENANCE & REPAIR	Repair and service on ec	quipmen		20.38		
	<u>598607</u>	Invoice 402-060-2201	10/07/2024 MAINTI	Repairs and Mainte ENANCE & REPAIR	nance for Issued Picku Repairs and Maintenanc	ce for Iss	0.00	187.54 187.54		
531	.9	DUCHARME, ARTHUR		10/09/2024	Regular		0	.00	95.00	130449
	Payable #	Payable Type Account Number	Post Date Accoun	Payable Descriptio	n Item Description			Payable Amount on Amount		
	INV0004019	Invoice	10/07/2024	PZ meeting vouche	•		0.00	95.00		
		401-008-2300		- APPOINTED BO	2024 October PZ meetin	ng		95.00		
258	35	EAST MOUNTAIN AUTO GI	ASS	10/09/2024	Regular		0	.00 5	56.00	130450
	Payable #	Payable Type	Post Date	Payable Description	n	Discount A	Amount	Payable Amount		
		Account Number	Accoun		Item Description	i		on Amount		
	26056	Invoice	10/07/2024	WINDSHIELD COWL			0.00	326.00		
		401-040-2201		ENANCE & REPAIR	WINDSHIELD COWL LAB			100.00		
		401-040-2201	MAINIE	ENANCE & REPAIR	WINDSHIELD COWL MA	TERIAL		226.00		1
	8-18-2024	Invoice	10/02/2024	Window Replaceme			0.00	230.00		
		402-060-2201	MAINTE	ENANCE & REPAIR	Passenger window 2002	2 Expede		230.00		
50		EMW GAS ASSOCIATION		10/09/2024	Regular		0	.00 8	20.37	130451
50	Payable #	Payable Type	Post Date	Payable Description		Discount A		Payable Amount	20.57	130 131
		Account Number	Accoun		Item Description			on Amount		
	09.2024 0450	Invoice	10/02/2024	Road- Monthly Gas-	•		0.00	31.53		
		402-060-2209	UTILITIE	S - NATURAL GAS	September			31.53		
	09.2024 0500	Invoice 418-091-2209	10/02/2024 UTILITIE	Monthly gas bill- Di			0.00	35.54 35.54		
	09.2024 1510	Invoice 401-089-2209	10/02/2024 UTILITIE	MCINTOSH SENIOR S - NATURAL GAS			0.00	33.13 33.13		
	09.2024 1850	Invoice	10/02/2024	Monthly gas bill- Ad			0.00	132.71 132.71		
		401-015-2209								
	09.2024 1860	Invoice 401-015-2209	10/02/2024	Monthly gas bill- Ma S - NATURAL GAS			0.00	37.12 37.12		
	00 2024 4000				•		0.00	44.46		
	09.2024 1990	Invoice 401-024-2209	10/02/2024 UTILITIE	Monthly gas bill- He S - NATURAL GAS	•		0.00	44.46		
	09.2024 2330	Invoice	10/02/2024	Monthly gas bill- Mo	oriarty SC		0.00	70.37		
		401-037-2209	UTILITIE	S - NATURAL GAS	September			70.37		
	09.2024 3680	Invoice 406-091-2209	10/02/2024 UTILITIE	Monthly gas bill- Dis			0.00	25.81 25.81		
	09.2024 4090	Invoice 401-053-2209	10/02/2024 UTILITIE	Monthly gas bill- Fa S - NATURAL GAS			0.00	24.00 24.00		
	09.2024 4510	Invoice 405-091-2209	10/02/2024 UTILITIE	Monthly gas bill- Dis S - NATURAL GAS			0.00	37.64 37.64		
	09.2024 5390	Invoice	10/02/2024	Monthly gas bill- Dis	·		0.00	28.72		
	03.2024 3330	408-091-2209		S - NATURAL GAS			5.55	28.72		
	09.2024 5690	Invoice 401-015-2209	10/02/2024 UTILITIE	Monthly gas bill- Ma S - NATURAL GAS			0.00	29.24 29.24		
	09.2024 5870	Invoice 401-036-2209	10/02/2024 UTILITIE	Monthly gas bill- Se S - NATURAL GAS			0.00	48.85 48.85		
	09.2024 6000	Invoice 401-016-2209	10/02/2024	Monthly gas bill- Jud S - NATURAL GAS	dicial		0.00	127.16 127.16		
	00 2024 5220						0.00	30.89		
	09.2024 6230	Invoice	10/02/2024	Monthly gas bill- Dis	SUILL 3		0.00	30.89		

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Vendor Number	Vendor Name		Payment Date	Payment Type	Discount Amou	int Payment Amount	Number
rendor Number	405-091-2209	UTILITI	IES - NATURAL GAS	September- 6230	Mires attacks and a	30.89	
09.2024 6380	Invoice 612-020-2308	10/02/2024 VOTING	Monthly gas bill- Cl G MACHINE STORA	lerk September	0.00	29.77 29.77	
09.2024 9250	Invoice 408-091-2209	10/02/2024 UTILITIE	Monthly gas bill- Di IES - NATURAL GAS	istrict 3 September- 9250	0.00	24.00 24.00	
09.2024 9530	Invoice 911-080-2209	10/02/2024 UTILITIE	Monthly gas bill- Di IES - NATURAL GAS	ispatch September	0.00	29.43 29.43	
	Void		10/09/2024	Regular	0.0		130452
51 Payable #	ESTANCIA, TOWN OF Payable Type Account Number	Post Date	10/09/2024 Payable Descriptiont Name	Regular on Item Description	0.0 Discount Amount P Distribution	Payable Amount	130453
09.2024 249		10/02/2024	nt Name Monthly water bill- IES - WATER	•	0.00	447.19 447.19	
09.2024 263		10/02/2024 UTILITIE	Monthly water bill- IES - WATER	- Maintenance September	0.00	210.69 210.69	
09.2024 279	Invoice 401-024-2210	10/02/2024 UTILITIE	Monthly water bill- IES - WATER	- Health dept bldg September	0.00	107.60 107.60	
09.2024 284	Invoice 401-036-2210	10/02/2024 UTILITIE	Monthly water bill- IES - WATER	- Senior Center September	0.00	131.76 131.76	
09.2024 654	Invoice 401-016-2210	10/02/2024 UTILITIE	Monthly Water bill- IES - WATER	- Judicial September	0.00	278.61 278.61	
09.2024 655	Invoice 401-050-2210	10/02/2024 UTILITIE	Monthly water bill- IES - WATER	-Sheriff office September	0.00	131.76 131.76	
5548	ESTRADA, CHRISTINA		10/09/2024	Regular	0.0		130454
Payable #	Payable Type Account Number	Post Date Accoun	Payable Description nt Name	on Item Description	Discount Amount Pa Distribution	n Amount	
INV0004022	Invoice 401-008-2300	10/07/2024 TRAVEL	PZ meeting vouched L - APPOINTED BO	ers 2024 October PZ meetir	0.00 ing	95.00 95.00	
1448	GEO-TEST INC.		10/09/2024	Regular	0.0		130455
Payable #	Account Number		Payable Description nt Name	Item Description	Discount Amount Pa	n Amount	
102150	Invoice 629-060-2790	10/07/2024 RILEY RO	Geo test Soil Testing	g Geo test Soil Testing	0.00	5,176.76 5,176.76	
VEN01250 Payable #	Gilbert RW Sanchez Payable Type Account Number	Post Date	10/09/2024 Payable Description	Regular on Item Description	0.00 Discount Amount Pa	Payable Amount	130456
INV0004021		10/07/2024	PZ meeting voucher L - APPOINTED BO	•	0.00	95.00 95.00	
4585 Payable #	HAMM, LAUREL Payable Type	Post Date	10/09/2024 Payable Description	Regular on	0.00 Discount Amount Pa		130457
LIVE BURNS RETU	Account Number	Account 10/09/2024	nt Name	Item Description CORRO NM LIVE BURN RETURN FROM SOCORR	Distribution 0.00 RO NM LI	170.00 170.00	
214	Hart's Trustworthy Hardwar		10/09/2024	Regular	0.0	00 83.83	130458
Payable #	Payable Type Account Number	Post Date Account	Payable Description nt Name	n Item Description	Discount Amount Pa Distribution		
<u>A147307</u>		10/07/2024	Hart's Open PO July		0.00 & repair	83.83 83.83	
					0.00		130459

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Check Report							Date Range:	10/04/202	24 - 10/17
endor Number	Vendor Name		Payment Date	Payment Type			ount Paymen		Number
Payable #	Payable Type	Post Date	Payable Descriptio				Payable Amou	unt	
	Account Number		nt Name	Item Description			ion Amount		
2259	Invoice	10/02/2024		Services Contract OpenP		0.00	1,500	.00	
	416-083-2272	CONTR	RACT - PROFESSION	Medical Director Service	ces FY25		845.84		
	604-083-2272	CONTR	RACT - PROFESSION	Medical Director Servic	ces FY25		8.33		
	911-080-2272	CONTRA	RACT - PROFESSION	Medical Director Servic	ces FY25		645.83		
	TO A COLUMN A IN DECORD	TANA CENTENT	40/00/2024	D - suilau		,	0.00	1.909.41	120460
90 Bayable #	IRON MOUNTAIN RECORDS		10/09/2024	Regular	Discount.			,	130400
Payable #	Payable Type	Post Date	Payable Descriptio				Payable Amou	unt	
	Account Number		nt Name	Item Description	1		ion Amount		
202884038	Invoice	10/02/2024	Off site storage	TO SEAD OF		0.00	636.	.47	
	612-020-2203		ENANCE & REPAIR	JUNE PRIOR YEAR - Off			463.00		
	612-020-2203	MAINTE	ENANCE & REPAIR	JUNE PRIOR YEAR- Adm	nin Fee		173.47		
202899207	Invoice	10/02/2024	Off site storage			0.00	636.	.47	
	612-020-2203		ENANCE & REPAIR	July- Admin Fee			173.47		
	612-020-2203		ENANCE & REPAIR	July - Off site storage			463.00		
7.7.7.10.00				3417		2.00			
202904968	Invoice	10/02/2024	Off site storage			0.00	636.	.47	
	612-020-2203		ENANCE & REPAIR	August- Admin Fee			173.47		
	612-020-2203	MAINTE	ENANCE & REPAIR	August- Off site storage	е		463.00		
964	J-MAR & ASSOCIATES		10/09/2024	Regular		(0.00	745.32	130461
Payable #	Payable Type	Post Date	Payable Descriptio	-	Discount /	_	Payable Amou		
Payable 11	Account Number		nt Name	Item Description			ion Amount	ATTE	
200072	, , , , , , , , , , , , , , , , , , , ,		Plotter Printer Pape	•		0.00	745.	ວາ	
<u>208973</u>	Invoice	09/18/2024				0.00	745. 745.32	.32	
	401-008-2221	PAllytin	NG/PUBLISHING/A	Plotter Printer Paper			/43.32		
712	JOHNSTON, DANIELLE		10/09/2024	Regular		C	0.00	95.00	130462
Payable #	Payable Type	Post Date	Payable Description	-	Discount F	Amount	Payable Amou	unt	
	Account Number	Accoun	nt Name	Item Description	1	Distributi-	ion Amount		
INV0004020	Invoice	10/07/2024	PZ meeting vouche			0.00	95	.00	
	401-008-2300		- APPOINTED BO	2024 October PZ meeti	ing.		95.00		
<u>-</u> -	CONTRACTOR OF		10 (00 /2024	51		(0.00	102 12	120463
29 Pavable #	MORIARTY, CITY OF	Dort Data	10/09/2024	Regular	Discount /	_	0.00 Payable Amou		130463
Payable #	Payable Type	Post Date	Payable Description				on Amount	Int	
	Account Number	Account		Item Description	•			- 10	
Exhibit I 8/30/24	Invoice	10/02/2024		Moriarty PD for DWI en		0.00	192.	.12	
	605-022-2271	CONTRA	ACT - OTHER SERV	Exhibit I 8/30/24			192.12		
464	NM APPARATUS LLC		10/09/2024	Regular		C	0.00	610.16	130464
Payable #	Payable Type	Post Date	Payable Description	-	Discount A		Payable Amou		_
rayusic	Account Number	Account		Item Description			on Amount		
2043	Invoice	10/02/2024	PM Service R1-3	Item Description		0.00	610.	16	
2043	416-083-2201		ENANCE & REPAIR	Shop supplies 7% OF LA	^ R∩R	0.2.	34.65	.10	
	416-083-2201 416-083-2201		ENANCE & REPAIR	Parts OIL AND FILTER	ADON		46.08		
			ENANCE & REPAIR ENANCE & REPAIR	LABOR FLEET PM SERVI	ייכב אאוח ו		529.43		
	416-083-2201	MUNITALE	.NANCE & NEI AII	LABUR FLEET FIVE SERVE	ICE AND I		343.75		
5	NA COUNTY INCLIDANCE A	· · · · · · · · · · · · · · · · · · ·	10/09/2024	Regular		C	0.00 3	33,655.00	120465
٥	NM COUNTY INSURANCE A			-	Discount /		Payable Amou	,	150-752
	Davania russ.	Post Date	Payable Description	on Item Description			on Amount	ını	
Payable #		^ ccount		Item Description		Distribunc	on Amount		
, , , , , ,	Account Number	Account		•		2 20	22 655	20	
Payable # NMCIA-00032	Account Number Invoice	10/07/2024	Capital Adequacy Fu	Funding Year 1		0.00	33,655.	.00	
2	Account Number Invoice 401-005-2212	10/07/2024 INSURAI	Capital Adequacy Fo NCE - GENERAL LI	Funding Year 1 Capital Adequacy Fundi	_	0.00	12,383.50	.00	
2	Account Number Invoice 401-005-2212 401-005-2214	10/07/2024 INSURAI WORKER	Capital Adequacy Fo NNCE - GENERAL LI R'S COMPENSATI	Funding Year 1 Capital Adequacy Fundi Capital Adequacy Fundi	ling Year	0.00	12,383.50 10,933.50	.00	
	Account Number Invoice 401-005-2212	10/07/2024 INSURAI WORKER	Capital Adequacy Fo NNCE - GENERAL LI R'S COMPENSATI	Funding Year 1 Capital Adequacy Fundi	ling Year	0.00	12,383.50	.00	
NMCIA-00032	Account Number Invoice 401-005-2212 401-005-2214 401-050-2212	10/07/2024 INSURAI WORKER OTHER I	Capital Adequacy Fo NCE - GENERAL LI R'S COMPENSATI INSURANCE PREM	Funding Year 1 Capital Adequacy Fundi Capital Adequacy Fundi Capital Adequacy Fundi	ling Year		12,383.50 10,933.50	6,062.71	1.30466
NMCIA-00032	Account Number Invoice 401-005-2212 401-005-2214 401-050-2212 NM RETIREE HEALTH-CARE	10/07/2024 INSURAI WORKEI OTHER I	Capital Adequacy Fo NCE - GENERAL LI R'S COMPENSATI INSURANCE PREM 10/09/2024	Funding Year 1 Capital Adequacy Fundi Capital Adequacy Fundi Capital Adequacy Fundi Regular	ling Year ling Year	0	12,383.50 10,933.50 10,338.00	6,062.71	130466
	Account Number Invoice 401-005-2212 401-005-2214 401-050-2212 NM RETIREE HEALTH-CARE Payable Type	10/07/2024 INSURAI WORKER OTHER I E AUTHORI Post Date	Capital Adequacy Fo NICE - GENERAL LI ER'S COMPENSATI INSURANCE PREM 10/09/2024 Payable Description	Funding Year 1 Capital Adequacy Fundi Capital Adequacy Fundi Capital Adequacy Fundi Regular	ling Year ling Year Discount A	0 Amount	12,383.50 10,933.50 10,338.00 0.00 Payable Amou	6,062.71	130466
NMCIA-00032 096 Payable #	Account Number Invoice 401-005-2212 401-005-2214 401-050-2212 NM RETIREE HEALTH-CARE Payable Type Account Number	10/07/2024 INSURAI WORKER OTHER I E AUTHORI Post Date Account	Capital Adequacy Fo NICE - GENERAL LI ER'S COMPENSATI INSURANCE PREM 10/09/2024 Payable Description It Name	Funding Year 1 Capital Adequacy Fundi Capital Adequacy Fundi Capital Adequacy Fundi Regular on Item Description	ling Year ling Year Discount A	0 Amount Distributio	12,383.50 10,933.50 10,338.00 0.00 Payable Amou	6,062.71 unt	130466
NMCIA-00032	Account Number Invoice 401-005-2212 401-005-2214 401-050-2212 NM RETIREE HEALTH-CARE Payable Type Account Number Invoice	10/07/2024 INSURAI WORKER OTHER I E AUTHORI Post Date Account 10/03/2024	Capital Adequacy Fo NNCE - GENERAL LI ER'S COMPENSATI INSURANCE PREM 10/09/2024 Payable Description It Name Retiree Health Care	Funding Year 1 Capital Adequacy Fundi Capital Adequacy Fundi Capital Adequacy Fundi Regular on Item Description e	ling Year ling Year Discount A	0 Amount	12,383.50 10,933.50 10,338.00 0.00 Payable Amou on Amount 29.	6,062.71	130466
NMCIA-00032 096 Payable #	Account Number Invoice 401-005-2212 401-005-2214 401-050-2212 NM RETIREE HEALTH-CARE Payable Type Account Number Invoice 401-000-9001	10/07/2024 INSURAI WORKER OTHER I E AUTHORI Post Date Account 10/03/2024	Capital Adequacy Fo NNCE - GENERAL LI ER'S COMPENSATI INSURANCE PREM 10/09/2024 Payable Description It Name Retiree Health Care	Funding Year 1 Capital Adequacy Fundi Capital Adequacy Fundi Capital Adequacy Fundi Regular on Item Description e Retiree Health Care	ling Year ling Year Discount A	0 Amount Distributio	12,383.50 10,933.50 10,338.00 0.00 Payable Amou	6,062.71 unt .12	130466

							Date Range: 1	0/04/202	4 - 10/17/2024
Check Report				Daywood Toma	Discou	ınt Amo	unt Payment		
Vendor Number	Vendor Name 401-000-9001	Payroll	Payment Date Liabilities	Payment Type Retiree Health Care	Discot	int Amo	6,033.59	Amount	Training Ci
449	NM TAXATION & REVENUE		10/09/2024	Regular		C	0.00	634.39	130467
448	Payable Type	Post Date	Payable Description	-	Discount Ar	mount	Payable Amou	nt	
Payable #	Account Number		nt Name	Item Description	D	istributi	on Amount		
INV0004052	Invoice	10/10/2024	LEVY NUMBER: 60	573		0.00	634.3	39	
11110004032	<u>401-000-9001</u>		Liabilities	LEVY NUMBER: 60573			634.39		
1711	POSITIVE PROMOTIONS		10/09/2024	Regular				1,008.90	130468
Payable #	Payable Type	Post Date	Payable Description	on			Payable Amou	nt	
,	Account Number	Accour	nt Name	Item Description	D		on Amount		
07445547	Invoice	10/03/2024	Footballs District 3	FD		0.00	1,008.9	90	
	408-091-2248	SUPPLI	ES - SAFETY	Set Up Charge			50.00		
	408-091-2248	SUPPLI	ES - SAFETY	Glow in Dark Footballs			958.90		
3859	PRUDENTIAL OVERALL SUP	PLY	10/09/2024	Regular		(0.00	104.88	130469
Payable #	Payable Type	Post Date	Payable Description	on	Discount A	mount	Payable Amou	nt	
rayable #	Account Number		nt Name	Item Description	D	istributi	ion Amount		
450726420	Invoice	10/03/2024		r Maintenance Dept		0.00	104.	38	
<u>450736420</u>	401-065-2236		IES - UNIFORMS	Polo Shirts 100% Polyt	ri Navy		2.25		
	401-065-2236		IES - UNIFORMS	Polo Shirts 100% Polyt	ri LT Blue		2.70		
	401-065-2236		IES - UNIFORMS	Polo Shirt 100% Polytri	i Navy		2.25		
	401-065-2236		IES - UNIFORMS	Delivery Charges			15.07		
			IES - UNIFORMS	Men's Classic Denim W	/ork Jean		4.87		
	401-065-2236		IES - UNIFORMS	PANT bLACK tECH. pAi			6.24		
	<u>401-065-2236</u>		IES - UNIFORMS	Men's Grey Mimix Wo			3.24		
	401-065-2236		IES - UNIFORMS	Men's Grey Mimix Wo			3.24		
	401-065-2236		IES - UNIFORMS	Polo Shirt 100% Polytr			2.25		
	401-065-2236		IES - UNIFORMS	Pant Black Tech. Pant	,		6.24		
	401-065-2236		IES - UNIFORMS	Pant Black Tech. Pant			6.24		
	401-065-2236		IES - UNIFORMS	Polo Shirt 100% Polytr	i LT Blue		2.70		
	401-065-2236		IES - UNIFORMS	Pant Black Tech. Pant			6.24		
	401-065-2236		IES - UNIFORMS	Western Pant 100% Co	otton Deni		3.05		
	401-065-2236		IES - UNIFORMS	Men's Grey Mimix Wo			2.70		
	401-065-2236		IES - UNIFORMS	Budget Protection Pro			28.67		
	401-065-2236		IES - UNIFORMS	Men's Grey Mimix Wo			2.70		
	401-065-2236		IES - UNIFORMS	Pant 65-35 Twill, Tan (0.51		
	401-065-2236			Polo Shirt 100% Polytr			2.70		
	401-065-2236		IES - UNIFORMS	Pant 65-35 Twill, Tan (1.02		
	401-065-2236	20441	IES - UNIFORMS	Tant 05 55 Twin, Tan	54.80 . 5			0.00	120170
	Void		10/09/2024	Regular			0.00		130470
3859	PRUDENTIAL OVERALL SUI	PPLY	10/09/2024	Regular			0.00		130471
Payable #	Payable Type	Post Date	Payable Descripti	ion			Payable Amou	int	
,	Account Number	Accou	nt Name	Item Description	1		tion Amount		
450735676	Invoice	10/03/2024	Prudential Supplie	es for Maintenan Custod		0.00	794	.16	
1007000	401-015-2229	SUPPL	IES - PAPER	Jumbo Roll Tissue			228.82		
	401-015-2229	SUPPL	IES - PAPER	Jumbo Roll Tissue			134.80		
	401-015-2229	SUPPL	IES - PAPER	Trash Liners 43x48			121.36		
	401-015-2229	SUPPI	IES - PAPER	Hard Roll Towels (800	ft)		292.55		
	401-015-2229	SUPPI	LIES - PAPER	Delivery Charge			16.63		
5426	CENEDOV DETROLEUM 114	r	10/09/2024	Regular			0.00	4,383.32	130472
5426	SENERGY PETROLEUM, LL	Post Date	Payable Descript	_	Discount A	Amount	Payable Amo	unt	
Payable #	Payable Type		int Name	Item Description			tion Amount		
CENT 002223	Account Number	10/07/2024	Bulk Fuel and Oil			0.00	4,383	.32	
<u>SEN-905532</u>	Invoice 402-060-2202		LIES - VEHICLE FUEL	Bulk Fuel and Oil			4,383.32		
5335	SOUTHERN TIRE MART		10/09/2024	Regular			0.00	10,981.22	130473

Check Report						Date Range: 10,	/04/202	4 - 10/17/2024
Vendor Number	Vendor Name		Payment Date	Payment Type	Discount Amo	ount Payment A	mount	Number
Payable #	Payable Type	Post Date	Payable Description		Discount Amount			
rayable #	Account Number		it Name	Item Description		ion Amount		
5020097641	Invoice	10/02/2024	Tires For Equipmer	•	0.00	10,981.22		
3020037041	402-060-2232		ES-TIRES	ROLLER-TUBES/FLAPS	0.00	118.72		
	402-060-2232		ES-TIRES	O-rings		263.40		
	402-060-2232		ES-TIRES	Grader - Tires		2,920.00		
	402-060-2232		ES-TIRES	Carl/Smith ROLLER 14 F	DIV Tires	1,140.00		
						6,539.10		
	402-060-2232	SUPPLI	ES-TIRES	Estimate 3351443 Dum	ip truck -	0,339.10		
3978	STAPLES BUSINESS ADVAN	TAGE	10/09/2024	Regular		0.00	69.27	130474
Payable #	Payable Type	Post Date	Payable Description	n	Discount Amount	Payable Amount		
	Account Number	Accoun	t Name	Item Description	Distribut	ion Amount		
6011772379	Invoice	10/02/2024	Printer Ink		0.00	69.27		
	604-083-2219	SUPPLI	ES - GENERAL OFFI	Colored Ink		48.27		
	604-083-2219	SUPPLI	ES - GENERAL OFFI	Black Ink		21.00		
			10/00/0001	Davidson.		0.00	67.00	120475
3978	STAPLES BUSINESS ADVAN		10/09/2024	Regular		0.00	67.99	130475
Payable #	Payable Type	Post Date	Payable Descriptio		Discount Amount			
	Account Number		t Name	Item Description		ion Amount		
7002382387	Invoice	10/03/2024	Magnifier Lamp	12.4	0.00	67.99		
	401-050-2219	SUPPLII	ES - GENERAL OFFI	Magnifier Lamp		67.99		
3915	STERICYCLE, INC.		10/09/2024	Regular		0.00	48.21	130476
Payable #	Payable Type	Post Date	Payable Description	n	Discount Amount	Payable Amount		
	Account Number	Accoun	t Name	Item Description	Distributi	ion Amount		
8008512200	Invoice	10/03/2024	Monthly Service St	ericycle Open PO	0.00	48.21		
	416-083-2230	SUPPLII	ES - MEDICAL	Monthly Service Stericy	rcle Open	48.21		
1007	CLIDDLY CACHE INC		10/09/2024	Regular	,	0.00 4.6	560 16	130477
4887	SUPPLY CACHE INC	Post Date	Payable Descriptio	•	Discount Amount	,	00.10	130477
Payable #	Payable Type	Accoun		Item Description		ion Amount		
2226414	Account Number		Class A Foam Distri	•	0.00	4,660.16		
<u>332641A</u>	Invoice	10/03/2024		Class A WD881 Foam, 5		4,660.16		
	405-091-2248	SUPPLII	ES - SAFETY	Class A WD881 FOam, 5	galions,	4,000.10		
2010	TLC UNIFORMS		10/09/2024	Regular	(0.00	51.78	130478
Payable #	Payable Type	Post Date	Payable Descriptio	n	Discount Amount	Payable Amount		
	Account Number	Accoun	t Name	Item Description	Distributi	on Amount		
3343122916	Invoice	10/09/2024	COMMISSION APP	ROVED NO PO PURCHA	0.00	51.78		
	416-083-2236	SUPPLIE	S - UNIFORMS	STRETCH WRAP		29.99		
	416-083-2236		S - UNIFORMS	SUPER DELUXE HOSE N	OZZLE	8.99		
	416-083-2236	SUPPLIE	S - UNIFORMS	SUPER DELUXE HOSE N	OZZLE	12.80		
			40/00/5555	D	_	2.00	E4 70	120470
2010	TLC UNIFORMS		10/09/2024	Regular				130478
1335	TORRANCE COUNTY		10/09/2024	Regular		0.00	81.48	130479
Payable #	Payable Type	Post Date	Payable Descriptio		Discount Amount			
	Account Number	Accoun		Item Description		on Amount		
INV0004048	Invoice	10/10/2024	Torrance County Pr		0.00	81.48		
	401-000-9001	Payroll	Liabilities	Torrance County Prope	rty Tax	81.48		
5414	TX CHILD SUPPORT SDU		10/09/2024	Regular	(0.00 2	254.31	130480
Payable #	Payable Type	Post Date	Payable Descriptio	-	Discount Amount	Payable Amount		
	Account Number	Accoun		Item Description		on Amount		
INV0004053	Invoice	10/10/2024	TX SDU CHILD SUPF	•	0.00	254.31		
11110007055	401-000-900 <u>1</u>		Liabilities	TX SDU CHILD SUPPORT		254.31		
		,						

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Regular

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VIA HOMES & DEVELOPMENT LLC

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Date Range: 10/04/2024 - 10/17/2024

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Vendor Number	Vendor Name			Payment Type		mount Payı		Number
Payable #	Payable Type	Post Date	Payable Descrip		Discount Amour	-		
	Account Number		ount Name	Item Description		ution Amoun		
September 2024	Invoice	10/07/2024		Continuum Coordinator	0.0	,	,631.65	
	635-067-2272		TRACT - PROFESSION		uum Coord	3,410.00)	
	<u>635-076-2314</u>	PRO	GRAM SUPPORT	NM GRT		221.65	5	
VEN01282	YEAROUT MECHANICAL, I	LC	10/09/2024	Regular		0.00	23,778.70	130482
Payable #	Payable Type	Post Date	Payable Descript	tion	Discount Amoun	t Payable A	mount	
	Account Number	Acco	unt Name	Item Description	Distrib	ution Amount	t	
<u>42179</u>	Invoice	09/19/2024	Manzano Mutual	l Domestic Well Pump an	0.0	0 23,	778.70	
	<u>836-045-2272</u>	CON	TRACT - PROFESSION	Misc		4,368.40)	
	836-045-2272	CON	TRACT - PROFESSION	Subcontractors		5,679.78	3	
	836-045-2272	CON	TRACT - PROFESSION	Labor		4,364.74	ļ.	
	836-045-2272	CON	TRACT - PROFESSION	Material		9,365.78	3	
106	CENTRAL NM ELECTRIC CO	OOP.	10/15/2024	Regular		0.00	554.72	130483
Payable #	Payable Type	Post Date	Payable Descript	J	Discount Amoun			
	Account Number	Acco	unt Name	Item Description		ution Amount		
07.2024 9100	Invoice	10/09/2024	Dist 2 Monthly el		0.00		554.72	
	406-091-2208	UTILI	TIES - ELECTRICITY	July 0500		415.17		
	406-091-2208		TIES - ELECTRICITY	July 9100		139.55		
106	CENTRAL NM ELECTRIC CO	OOP.	10/15/2024	Regular		0.00		130484
Payable #	Payable Type	Post Date	Payable Descript	ion	Discount Amoun	t Payable A	mount	
	Account Number	Acco	unt Name	Item Description	Distrib	ution Amount		
08.2024 9100	Invoice	10/09/2024	Dist 2 Monthly ele	ectric bill	0.00) !	545.33	
	406-091-2208	UTILI	TIES - ELECTRICITY	August 9100		127.60		
	406-091-2208	UTILI	TIES - ELECTRICITY	August 0500		417.73		
50	EMW GAS ASSOCIATION		10/15/2024	Regular		0.00	86.76	130485
Payable #	Payable Type	Post Date	Payable Descripti	ion	Discount Amoun	t Payable Aı	mount	
	Account Number	Acco	unt Name	Item Description		ution Amount		
09.2024 0580	Invoice	10/08/2024	Monthly gas bill-	Animal Services	0.00)	37.88	
	401-082-2209	UTILI	TIES - NATURAL GAS	September		37.88		
09.2024 6141	Invoice	10/08/2024	Monthly gas bill-	Sheriff	0.00)	48.88	
	401-050-2209		TIES - NATURAL GAS	September	0.00	48.88		
5662	Garcia, Deminica		10/15/2024	Regular		0.00	E1 1 <i>1</i>	130486
Payable #	Payable Type	Post Date	Payable Descripti	-	Discount Amount			130460
i ayabic ii	Account Number			Item Description		ition Amount		
2024 CPS FALL 20		10/15/2024		BUQUERQUE NM 10.3.	0.00		51.14	
LOLY CI STALL LO	401-010-2205		EL - EMPLOYEES	RETURN FROM ALBUQ		51.14	31.14	
	102 020 2200	11010	21 21411 20 1223	NETONIA TROM AEBOQ	OLNQUL	31.14		
5179	LEAF CAPITAL FUNDING LL	С	10/15/2024	Regular		0.00	572.53	130487
Payable #	Payable Type	Post Date	Payable Descripti	on	Discount Amount	Payable Ar	nount	
	Account Number	Accou	ınt Name	Item Description	Distribu	tion Amount		
17230275	Invoice	10/09/2024	Plotter Printer HP	Designjet T2600ps Leas	0.00	5	72.53	
	401-008-2284	LEASE	EQUIPMENT	2024 September Insura	ance	20.31		
	401-008-2284	LEASE	EQUIPMENT	2024 September Lease		552.22		
2015	PLATEAU WIRELESS		10/15/2024	Regular		0.00	4,780.50	130488
Payable #	Payable Type	Post Date	Payable Description	_	Discount Amount		•	
	Account Number	Accou	int Name	Item Description		tion Amount		
09.2024 1365	Invoice	10/08/2024	Internet & wireles	•	0.00	1	.27.80	
	407-091-2207	TELEC	OMMUNICATIONS	September- Internet &	wireless	127.80		
10.2024 1934	Invoice	10/09/2024	Internet & wireles	s & phone services	0.00	4.6	52.70	
	401-096-2207	TELEC	OMMUNICATIONS	October		4,652.70		
107	QWEST CORPORATION		10/15/2024	Regular		0.00	324.81	130//90
	Z., 25, 55, 11 OIA HOIV		10/10/2027			0.00	224.01	130403

Check Report						Date Range	: 10/04/20	024 - 10/1
Vendor Number	Vendor Name		Payment Date	Payment Type	Discount An	nount Payme	nt Amount	t Numbe
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount	Payable Amo	ount	
	Account Number	Accou	nt Name	Item Description		tion Amount		
10.2024 7435	Invoice	10/09/2024	Monthly Charges f	for Jail Fund	0.00	324	4.81	
	401-096-2207	TELEC	OMMUNICATIONS	October		324.81		
5339	US BANK CORPORATE PAY	YMENT SYSTEM	10/15/2024	Regular		0.00	21,176.41	. 130490
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount	Payable Amo	unt	
	Account Number	Accou	nt Name	Item Description	Distribu	tion Amount		
<u>7891 9.16.24</u>	Invoice	10/15/2024	FUEL CARD USAGE	STATEMENT DATE 9.16	0.00	21,176	5.41	
	401-008-2202	SUPPL	IES - VEHICLE FUEL	PZ		461.80		
	401-010-2202	SUPPL	IES - VEHICLE FUEL	MANAGER		29.71		
	401-020-2202	SUPPL	IES-VEHICLE FUEL	CLERK		55.50		
	401-030-2202	SUPPL	IES - VEHICLE FUEL	TREASURER		144.39		
	401-040-2202	SUPPL	IES - VEHICLE FUEL	ASSESSOR		119.94		
	401-050-2202	SUPPL	IES - VEHICLE FUEL	SHERIFF		12,359.49		
	401-065-2202	SUPPL	IES - VEHICLE FUEL	MAINTENANCE		387.75		
	401-082-2202	SUPPLI	IES - VEHICLE FUEL	ANIMAL SERVICES		922.93		
	405-091-2202	SUPPLI	ES - VEHICLE FUEL	DIST 5		658.69		
	406-091-2202		ES - VEHICLE FUEL	DIST 2		474.02		
	408-091-2202		ES - VEHICLE FUEL	DIST 3		98.04		
	409-091-2202	SUPPLI	ES - VEHICLE FUEL	DIST 4		93.61		
	413-091-2202		ES - VEHICLE FUEL	FIRE ADMIN		1,077.05		
	416-083-2202		ES - VEHICLE FUEL	EMT		3,839.86		
	604-083-2202		ES - VEHICLE FUEL	EMERGENCY MANAGE	MENT	267.04		
	605-022-2202		ES - VEHICLE FUEL	DWI	IVILIAI	60.00		
	605-022-2202		ES - VEHICLE FUEL	DWI				
	911-080-2202		ES - VEHICLE FUEL	DISPATCH		89.75		
	311 000 E20E	3011121	LS - VEHICLE FOLL	DISPATCH		36.84		
	Void		10/15/2024	Regular		0.00	0.00	130491
58	WASTE MANAGEMENT OF		10/15/2024	Regular		0.00	264.65	130492
Payable #		Post Date	Davable Deserted:	n	Discount Amount	Payable Amor	int	
	Payable Type	. Joe Date	Payable Descriptio	•	Discount Amount	i ayabic Ailioi	unt	
	Payable Type Account Number		it Name	Item Description		ion Amount	unc	
0765241-0573-1	,		•	Item Description		•		
0765241-0573-1	Account Number	Accoun 10/09/2024	it Name	Item Description	Distribut	ion Amount		
0765241-0573-1 0765876-0573-4	Account Number Invoice 408-091-2210	Accoun 10/09/2024 UTILITIE	nt Name Monthly dumpster ES - WATER	Item Description charges- dist 3 October	Distribut 0.00	ion Amount 134 134.52	.52	
	Account Number Invoice	Accoun 10/09/2024 UTILITIE 10/09/2024	nt Name Monthly dumpster ES - WATER Monthly dumpster	Item Description charges- dist 3 October	Distribut	ion Amount 134 134.52 130	.52	
	Account Number Invoice 408-091-2210 Invoice	Accoun 10/09/2024 UTILITIE 10/09/2024	nt Name Monthly dumpster ES - WATER	Item Description charges- dist 3 October charges- dist5	Distribut 0.00	ion Amount 134 134.52	.52	
0765876-0573-4	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC	Accoun 10/09/2024 UTILITIE 10/09/2024 UTILITIE	nt Name Monthly dumpster ES - WATER Monthly dumpster	Item Description charges- dist 3 October charges- dist5	Distribut 0.00 0.00	ion Amount 134 134.52 130	.52	130493
	Account Number Invoice 408-091-2210 Invoice 405-091-2210	Accoun 10/09/2024 UTILITIE 10/09/2024 UTILITIE	nt Name Monthly dumpster ES - WATER Monthly dumpster ES - WATER	Item Description charges- dist 3 October charges- dist5 October Regular	Distribut 0.00 0.00	ion Amount 134 134.52 130 130.13	.13 42.01	130493
0765876-0573-4 Payable #	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC	Accoun 10/09/2024 UTILITIE 10/09/2024 UTILITIE	nt Name Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description	Item Description charges- dist 3 October charges- dist5 October Regular	Distribut 0.00 0.00 Discount Amount	ion Amount 134 134.52 130 130.13	.13 42.01	130493
0765876-0573-4	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number Invoice	Account 10/09/2024 UTILITIE 10/09/2024 UTILITIE Post Date	nt Name Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description	Distribut 0.00 0.00 Discount Amount	134.52 130.13 130.13	.52 .13 42.01	130493
0765876-0573-4 Payable #	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number	Account 10/09/2024 UTILITIE 10/09/2024 UTILITIE Post Date Account 10/09/2024	Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description t Name Parts for sweeper a	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description	Distribut 0.00 0.00 Discount Amount Distribut	134.52 130.13 130.13 130.13	.52 .13 42.01	130493
0765876-0573-4 Payable # 1685953	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number Invoice	Account 10/09/2024 UTILITIE 10/09/2024 UTILITIE Post Date Account 10/09/2024 MAINTE	Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description t Name Parts for sweeper a	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description nd 540 loader	Distribut 0.00 0.00 Discount Amount Distribut 0.00	134.52 130.13 130.13 130.13	.52 .13 42.01 unt	130493
0765876-0573-4 Payable # 1685953	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number Invoice 402-060-2244	Account 10/09/2024 UTILITIE 10/09/2024 UTILITIE Post Date Account 10/09/2024 MAINTE	Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description t Name Parts for sweeper a ENANCE & REPAIR	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description nd 540 loader CAP Regular	Distribut 0.00 0.00 Discount Amount Distribut 0.00	ion Amount 134 134.52 130 130.13 0.00 Payable Amoulon Amount 42.01	.52 .13 .42.01 unt 01 .110.59	
0765876-0573-4 Payable # 1685953	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number Invoice 402-060-2244 ALBUQUERQUE PUBLISHING	Accoun 10/09/2024 UTILITIE 10/09/2024 UTILITIE Post Date Accoun 10/09/2024 MAINTE	Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description t Name Parts for sweeper a ENANCE & REPAIR 10/17/2024 Payable Description	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description nd 540 loader CAP Regular	Distribut 0.00 0.00 Discount Amount 0.00 Discount Amount	134.52 130.13 130.13 0.00 Payable Amoution Amount 42.01 0.00 Payable Amou	.52 .13 .42.01 unt 01 .110.59	
0765876-0573-4 Payable # 1685953	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number Invoice 402-060-2244 ALBUQUERQUE PUBLISHING Payable Type	Account 10/09/2024 UTILITIE 10/09/2024 UTILITIE Post Date Account 10/09/2024 MAINTE	at Name Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description t Name Parts for sweeper a ENANCE & REPAIR 10/17/2024 Payable Description t Name	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description nd 540 loader CAP Regular n Item Description	Distribut 0.00 0.00 Discount Amount 0.00 Discount Amount	ion Amount 134 134.52 130 130.13 0.00 Payable Amount 42.01 0.00 Payable Amount 0.00 Payable Amount	.52 .13 .42.01 unt .01 .110.59	
0765876-0573-4 Payable # 1685953 Payable #	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number Invoice 402-060-2244 ALBUQUERQUE PUBLISHIND Payable Type Account Number	Account 10/09/2024 UTILITIE 10/09/2024 UTILITIE Post Date Account 10/09/2024 MAINTE G CO. Post Date Account 10/08/2024	nt Name Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description t Name Parts for sweeper a ENANCE & REPAIR 10/17/2024 Payable Description t Name AD for Public Hearin	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description nd 540 loader CAP Regular n Item Description	Distribut 0.00 0.00 Discount Amount 0.00 Discount Amount Distributi 0.00	134.52 130.13 130.13 0.00 Payable Amount 42.01 0.00 Payable Amount 42.01 0.00 Payable Amount 47.	.52 .13 .42.01 unt .01 .110.59	
0765876-0573-4 Payable # 1685953 Payable # 09.2024	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number Invoice 402-060-2244 ALBUQUERQUE PUBLISHINI Payable Type Account Number Invoice 401-055-2221	Account 10/09/2024 UTILITIE 10/09/2024 UTILITIE Post Date Account 10/09/2024 MAINTE G CO. Post Date Account 10/08/2024 PRINTIN	Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description t Name Parts for sweeper a ENANCE & REPAIR 10/17/2024 Payable Description t Name AD for Public Hearin IG/PUBLISHING/A	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description nd 540 loader CAP Regular n Item Description nd 540 loader	Distribut 0.00 0.00 Discount Amount Distributi 0.00 Discount Amount Distributi 0.00	134.52 130.13 130.13 0.00 Payable Amount 42.01 0.00 Payable Amount 47.69	.52 .13 .42.01 unt .01 .110.59 unt .69	
0765876-0573-4 Payable # 1685953 Payable #	Account Number Invoice 408-091-2210 Invoice 405-091-2210 4 RIVERS EQUIPMENT, LLC Payable Type Account Number Invoice 402-060-2244 ALBUQUERQUE PUBLISHIN: Payable Type Account Number Invoice	Account 10/09/2024	At Name Monthly dumpster ES - WATER Monthly dumpster ES - WATER 10/17/2024 Payable Description t Name Parts for sweeper a ENANCE & REPAIR 10/17/2024 Payable Description t Name AD for Public Hearin IG/PUBLISHING/A Payment to ABQ Pu	Item Description charges- dist 3 October charges- dist5 October Regular n Item Description nd 540 loader CAP Regular n Item Description	Distribut 0.00 0.00 Discount Amount 0.00 Discount Amount Distributi 0.00	134.52 130.13 130.13 0.00 Payable Amount 42.01 0.00 Payable Amount 42.01 0.00 Payable Amount 47.	.52 .13 .42.01 unt .01 .110.59 unt .69	

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Vendor Number	Vendor Name		Payment Date	Payment Type	Discount A	Amount Pay	ment Amount	Numbe
Payable #	Payable Type	Post Date	Payable Descript	tion	Discount Amou			
	Account Number	Acco	ount Name	Item Description		oution Amour		
1NTG-M33G-3Q1	Invoice	10/09/2024	Amazon Items Di	ispatch	0.0		356.83	
	911-080-2218	MAI	NTENANCE & REPAIR	Buffet Cabinet		139.9		
	911-080-2218	MAI	NTENANCE & REPAIR	Floor Lamp		89.9		
	911-080-2219		PLIES - GENERAL OFFI		•	54.8		
	911-080-2219		PLIES - GENERAL OFFI			28.3		
	911-080-2219		PLIES - GENERAL OFFI					
	911-080-2219		PLIES - GENERAL OFFI	AA Batteries		25.6		
		3311	LIES GENERAL OTT	AA batteries		17.9	/	
5450	AMAZON BUSINESS		10/17/2024	Regular		0.00	22.22	
Payable #	Payable Type	Post Date	Payable Descripti	=	Diagonat A	0.00		130496
•	Account Number		unt Name		Discount Amour			
14R6-G4HY-MFC	Invoice	10/09/2024		Item Description	Distrib	ution Amoun		
	401-073-2219			r Misdemeanor Complia			80.80	
	401-073-2219		PLIES - GENERAL OFFI	ROFALL USB Compute		31.98		
	401-073-2219		PLIES - GENERAL OFFI	Mead #10 Envelopes		6.84		
	401-073-2219		LIES - GENERAL OFFI	30 Pcs C Channel Mag	gnetic Shelf	16.99	9	
	1 01-0/3-2213	SUPP	LIES - GENERAL OFFI	14R6-G4HY-MFCM		24.99	e	
5450	AMAZON BUSINESS		10/17/2224	Daniela				
Payable #	Payable Type	Post Date	10/17/2024	Regular		0.00	1,705.04	130497
. ajawie ii	Account Number		Payable Description		Discount Amoun	-		
1XH9-LMD3-1M6	Invoice		unt Name	Item Description		ution Amount	t	
TV112-FIAID2-TIAID		10/09/2024	Amazon		0.00	1,	705.04	
	911-080-2218		ITENANCE & REPAIR	Office chair caster who		47.90)	
	911-080-2218		ITENANCE & REPAIR	Office table lamp set of		42.89		
	911-080-2218		TENANCE & REPAIR	Linen curtains semi sh		70.98		
	911-080-2218		TENANCE & REPAIR	Three shelf etagere or	ganizer 2p	78.64		
	911-080-2218	MAIN	TENANCE & REPAIR	Snailax heated foot re		99.98		
	911-080-2219	SUPPI	LIES - GENERAL OFFI	Dell optiplex 7040 des	ktop com	919.96		
	911-080-2219	SUPPI	LIES - GENERAL OFFI	Black phone shoulder		39.88		
	911-080-2219	SUPPL	LIES - GENERAL OFFI	DR630 drum unit 2 pk		71.98		
	911-080-2219	SUPPL	IES - GENERAL OFFI	Hand held broom and	dust pan	12.68		
	911-080-2219	SUPPL	IES - GENERAL OFFI	Dunkin' ground coffee		67.00		
	911-080-2219	SUPPL	IES - GENERAL OFFI	Camerons ground coff		90.08		
	911-080-2219	SUPPL	IES - GENERAL OFFI	Milk frother		9.99		
	911-080-2219		IES - GENERAL OFFI	15 ft display port cable	1	49.56		
	911-080-2219		IES - GENERAL OFFI	Tissue box cover		15.98		
	911-080-2219		IES - GENERAL OFFI	Broom and dust pan se	o†	23.99		
	911-080-2219		IES - GENERAL OFFI	13 piece drawer organi		22.99		
	911-080-2219		IES - GENERAL OFFI	Desk drawer organizer,		40.56		
				_ san a.awer organizer,	, 1110311	40.56		
	Void		10/17/2024	Regular		0.00	0.00	120400
50	AMAZON BUSINESS		10/17/2024	Regular		0.00		130498
Payable #	Payable Type	Post Date	Payable Description		Discount America	0.00	292.68	130499
-	Account Number		nt Name		Discount Amount		nount	
	Invoice	10/08/2024	Office Supplies	Item Description		tion Amount	00.50	
	401-030-2219			Sunlita Patricantes	0.00		92.68	
	401-030-2219			Sunlite Refrigerator Ligh		2.83		
	401-030-2219			PuroAir 400 HEPA Air P		259.00		
	.01 000 2210	30771	L3 - GENERAL UFF	Avery 2" x 3.5" Business	s Cards,	30.85		
50	AMAZON BUSINESS		10/17/2024	Pogular		0.00		
	Payable Type	Post Date		Regular		0.00	61.07 1	.30500
, -	Account Number		Payable Description		Discount Amount		ount	
	nvoice			Item Description		ion Amount		
		10/09/2024	Frames Amazon		0.00		61.07	
	911-080-2219			LaVie 12X36 Picture Fra		28.68		
	<u>911-080-2219</u>	SUPPLII	ES - GENERAL OFFI	Pealsn 24X36 Poster Fra	ame	32.39		
-								
	AMERICAN SOLUTIONS F		10/17/2024					

Vendor Number	Manual - Au						Date Range: 10	1/04/2	024 - 10/1
Payable #	Vendor Name Payable Type	Post Date	Payment I			Discount Am	ount Payment A	Amoun	
	Account Number		Payable Des		Disc	ount Amount	Payable Amoun	t	· Numbe
INV0763095	Invoice	09/18/2024	Sheriff Office	Item Descriptio	n	Distribut	ion Amount		
	401-050-2222	, -,	PPLIES - FIELD SUPI			0.00	1,384.00)	
		301	LEIES - FIELD SUPI	PLIE Sheriff Office To	w Slips		1,384.00		
1405	BNY MELLON - AS TR	USTEE: SFCAD	10/17/202	A Bogular					
Payable #	Payable Type	Post Date	Payable Desc				0.00	291.00	130502
	Account Number	Acc	ount Name		Disco		Payable Amount		
TOR 8-2024	Invoice	10/08/2024		Item Description ate Housing Aug	1	Distributi	on Amount		
	420-070-2172		E OF INMATES			0.00	291.00		
			- 0	Santa Fe Inmate	Housing Aug		291.00		
3391	CINTAS CORPORATIO	N NO. 2	10/17/2024	Pogular					
Payable #	Payable Type	Post Date	Payable Desci				0.00 1,4	135.50	130503
	Account Number		ount Name	-	Discou	unt Amount	Payable Amount		
9290081988	Invoice	10/08/2024	September- Al	Item Description		Distribution	on Amount		
	600-006-2271		TRACT - OTHER SEI			0.00	1,435.50		
	600-006-2271		TRACT - OTHER SEI				130.50		
	600-006-2271		TRACT - OTHER SEF	- 1100 Disp			130.50		
	600-006-2271		TRACT - OTHER SEF	Tribes Judi			130.50		
	600-006-2271		TRACT - OTHER SEF				130.50		
	600-006-2271		RACT - OTHER SER	11100			130.50		
	600-006-2271		RACT - OTHER SER				130.50		
	600-006-2271		RACT - OTHER SER				130.50		
	600-006-2271		RACT - OTHER SER				130.50		
	600-006-2271		RACT - OTHER SER RACT - OTHER SER				130.50		
	600-006-2271	CONT	DACT OTHER SER	The Though	l dept		130.50		
		CONT	RACT - OTHER SER	 AED Devices- Admi 	in		130.50		
5416	CRYSTAL SPRINGS		10/17/2024						
Payable #	Payable Type	Post Date	Payable Descrip	Regular		0.0		3.00	130504
	Account Number		nt Name		Discoun	t Amount P	ayable Amount		
<u>9305528</u>	Invoice	10/08/2024	Drinking Water	Item Description		Distribution	Amount		
	401-055-2219		IFS - GENERAL OFF	rinance		0.00	13.00		
			ILO GLINLINAL OFF	I September Drinking	g Water Deliv		13.00		
630	CTRL+P		10/17/2024	Dogula:					
Payable #	Payable Type	Post Date	Payable Descrip	Regular		0.00		2.15 1	30505
	Account Number	Accour	it Name		Discount	t Amount Pa	ayable Amount		
<u>2024-10273</u>	Invoice	10/08/2024		Item Description		Distribution	Amount		
	605-022-2221		NG/PUBLISHING/A	endent for Smart Choice	е	0.00	242.15		
			10/1 OBLISHING/A	2024-102/3			242.15		
61	CULLIGAN ABQ LLC		10/17/2024	Pogulos.					
Payable #	Payable Type	Post Date	Payable Descript	Regular		0.00		.50 13	30506
2212	Account Number	Accoun			Discount	Amount Pa	yable Amount		
<u>301951</u>	Invoice	10/08/2024	Water Delivery Se	Item Description		Distribution A	Amount		
	401-030-2271		ACT - OTHER SERV			0.00	58.50		
			O THEN SERV	Water Delivery Service	ce Septemb		58.50		
83	DE LAGE LANDEN FINANC	IAL SERVICE	10/17/2024	Regular					
Payable #	Payable Type		Payable Description	Regular		0.00	308.	38 13	0507
F00555	Account Number	Account		Item Description	Discount /	Amount Pay	able Amount		
588537798	Invoice	10/08/2024		onthly Lease Contract		Distribution A	mount		
	401-030-2284	EQUIPM	ENT LEASES	OCTOBER Printer/Cop	ior Marri	0.00	308.38		
2				octoben Filmler/Cop	ier Month		308.38		
Boughts #	DE LAGE LANDEN FINANCI	AL SERVICE	10/17/2024	Regular		3			
Payable #	Payable Type		Payable Description		Dies	0.00	325.0	2 130	0508
F00420:	Account Number	Account		Item Description	Discount A	mount Paya	able Amount		
<u>588428477</u>	Invoice		EQUIPMENT LEASE	AGREEMENT		Distribution Ar	nount		
	401-040-2284	EQUIPME	INT LEASES	EQUIPMENT LEASE AG	DEENAL.	0.00	325.02		
01251				LCOII WILINI LEASE AG	KEEMENT	3	325.02		
	DIVERSE OFFICE OFFI								
01351	DIVERSE OFFICE SUPPLY		10/17/2024	Regular		0.00			

Vendor Number Payable # 103686-00 4178 Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 86 Payable #	Vendor Name Payable Type Account Number Invoice 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number Invoice	10/08/2024	Payment Dar Payable Descrit Count Name Office Supplies PPLIES - GENERAL OF 10/17/2024 Payable Descript Dunt Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description 10/17/2024	ption Item Description FI 24 PK CUBICLE CLIF FI 125 PK PAPER PLAT FI AA 24 PK BATTERY FI HEATER, TOWER, C FI AAA 24 PK BATTERY FI WHITEBOARD ERAS FI 12 PK HIGHLIGHTER FI 11X17 WHITEBOAR FI APK DRY ERASE MAR Regular Tion Item Description October Copier over Regular Tion Item Description Item Description Item Description Item Description Regular	Discount Amou PS TES CIRAMIC 17" Y SER R PINK RD ARKER Discount Amou Distrik 0.0 rage Discount Amou Distrib 0.0	Amount Paymeunt Payable Amibution Amount 100 13.07 21.06 10.58 39.88 10.65 1.18 2.66 6.94 1.55 0.00 11 Payable Amount 100 3.96 0.00 12 Payable Amount 100 3.96 0.00 13 Payable Amount 100 13 1.96 0.00 14 Payable Amount 100 15 15 15 15 15 15 15 15 15 15 15 15 15	3.96 325.00 ant	/ 2024 - 10 / unt Numb
103686-00 4178 Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 86 Payable #	Account Number Invoice 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Acc 10/08/2024 SUI	Office Supplies PPLIES - GENERAL OF 10/17/2024 Payable Descript PROMOTO DESCRIPTION P	Item Description FI 24 PK CUBICLE CLIF FI 125 PK PAPER PLAT FI AA 24 PK BATTERY FI HEATER, TOWER, C FI AAA 24 PK BATTERY WHITEBOARD ERAS FI 12 PK HIGHLIGHTER FI 11X17 WHITEBOAR Regular Tion Item Description October Copier over Regular Cion Item Description	Discount Amou PS TES CIRAMIC 17" Y SER R PINK RD ARKER Discount Amou Distrik 0.0 rage Discount Amou Distrib 0.0	unt Payable Amibution Amount .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 10 .00 11 .00 3 .00 11 .00 325	3.96 325.00 unt	96 130510
4178 Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 86 Payable #	Invoice 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	10/08/2024	Office Supplies PPLIES - GENERAL OF PPLIES - GENERAL OFI PPLIES - GENERAL OFI PPLIES - GENERAL OFI PPLIES - GENERAL OFFI 10/17/2024 Payable Descrip Dunt Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Dunt Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	FI 24 PK CUBICLE CLIF FI 125 PK PAPER PLAT FI AA 24 PK BATTERY FI HEATER, TOWER, C FI AAA 24 PK BATTERY FI WHITEBOARD ERAS FI 12 PK HIGHLIGHTER FI 11X17 WHITEBOAR Regular tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side w Regular	Distrib PS TES CIRAMIC 17" SER R PINK RD ARKER Discount Amoun Distrib 0.0 Distrib 0.0	ibution Amount .00 10 .00 10 .00 10 .00 10 .00 10 .058 .39.88 .10.65 .1.18 .2.66 .6.94 .1.55 .0.00 .00 11 .00 3 .0	3.96 325.00 unt	
4178 Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 86 Payable #	401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUI SUI SUF SUF SUP SUP SUP SUP SUP SUP SUP SUP SUP SUP	PPLIES - GENERAL OF 10/17/2024 Payable Descrip Ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	FI 24 PK CUBICLE CLIF FI 125 PK PAPER PLAT FI AA 24 PK BATTERY FI HEATER, TOWER, C FI AAA 24 PK BATTERY FI WHITEBOARD ERAS FI 12 PK HIGHLIGHTER FI 11X17 WHITEBOAR Regular tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side of Regular Regular	PS TES TES CIRAMIC 17" SER R PINK RD ARKER Discount Amoun Distrik 0.0 rage Discount Amour Distrib	.00 10 13.07 21.06 10.58 39.88 10.65 1.18 2.66 6.94 1.55 0.00 nt Payable Amount 00 3.96 0.00 nt Payable Amount 00 325	3.9 ount 3.96 325.00 unt	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 36 Payable # 09t-30-24	401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUI SUF SUF SUP SUP SUP SUP SUP SUP SUP SUP SUP SUP	PPLIES - GENERAL OFF 10/17/2024 Payable Descript Ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	FI 125 PK PAPER PLATE FI AA 24 PK BATTERY FI HEATER, TOWER, C FI AAA 24 PK BATTERY FI WHITEBOARD ERAS FI 12 PK HIGHLIGHTER FI 11X17 WHITEBOAR Regular tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side window Regular	PS TES TES CIRAMIC 17" Y SER R PINK RD ARKER Discount Amour Distrik 0.0 Crage Discount Amour Distrib 0.0	13.07 21.06 10.58 39.88 10.65 1.18 2.66 6.94 1.55 0.00 nt Payable Amount 00 3.96 0.00 nt Payable Amount 00 3.96	3.9 ount 3.96 325.00 unt	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 36 Payable # 09t-30-24	401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUF SUF SUP	PPLIES - GENERAL OFF 10/17/2024 Payable Descrip Ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	FI AA 24 PK BATTERY FI HEATER, TOWER, C FI AAA 24 PK BATTERY FI WHITEBOARD ERAS FI 12 PK HIGHLIGHTER FI 11X17 WHITEBOAR Regular tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side w Regular	CIRAMIC 17" SER R PINK RD ARKER Discount Amoun Distrik 0.0 rage Discount Amour Distrib 0.0	21.06 10.58 39.88 10.65 1.18 2.66 6.94 1.55 0.00 nt Payable Amount 00 3.96 0.00 nt Payable Amount 00 3.96 0.00 0 325	325.00 325.00	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 36 Payable # 09t-30-24	401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUF SUP	PPLIES - GENERAL OFF 10/17/2024 Payable Descrip Ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	FI HEATER, TOWER, C FI AAA 24 PK BATTERY FI WHITEBOARD ERAS FI 12 PK HIGHLIGHTER FI 11X17 WHITEBOAR Regular tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side of Regular Regular	CIRAMIC 17" YY SER R PINK RD ARKER Discount Amour Distrib o.co Discount Amour Distrib 0.0	10.58 39.88 10.65 1.18 2.66 6.94 1.55 0.00 nt Payable Amount 00 3 3.96 0.00 nt Payable Amount 00 325	325.00 325.00	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 36 Payable # 09t-30-24	401-030-2219 401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUF SUP SUP SUP SUP SUP SUP SUP OF Date Accc 10/09/2024 PRIN OF GLASS Post Date Acco 10/08/2024 MAIN Post Date	PPLIES - GENERAL OFF PPLIES - GENERAL OFF PPLIES - GENERAL OFF PPLIES - GENERAL OFF 10/17/2024 Payable Descrip Ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	FI AAA 24 PK BATTERY FI WHITEBOARD ERAS FI 12 PK HIGHLIGHTER FI 11X17 WHITEBOAR Regular tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side of the s	SER R PINK RD ARKER Discount Amoun Distrik 0.0 rage Discount Amour Distrib 0.0	39.88 10.65 1.18 2.66 6.94 1.55 0.00 nt Payable Amount 00 3.96 0.00 nt Payable Amount 00 3.96 0.00 01 Payable Amount 00 3.96	325.00 325.00	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 66 Payable # 09t-30-24	401-030-2219 401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUP SUP SUP SUP SUP SUP SUP SUP Acco 10/09/2024 PRIN DGLASS Post Date Acco 10/08/2024 MAIN Post Date	PPLIES - GENERAL OFF PPLIES - GENERAL OFF PPLIES - GENERAL OFF 10/17/2024 Payable Descrip Ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	FI AAA 24 PK BATTERY WHITEBOARD ERAS FI 12 PK HIGHLIGHTEF FI 11X17 WHITEBOAR Regular Tion Item Description October Copier over Regular Cion Item Description Item Description Item Description Item Description Regular Regular Regular Regular Regular Regular Regular	SER R PINK RD ARKER Discount Amoun Distrik 0.0 rage Discount Amour Distrib 0.0	10.65 1.18 2.66 6.94 1.55 0.00 nt Payable Amount 00 3.96 0.00 nt Payable Amount 00 3.96 0.00 nt Payable Amount 00 3.96	325.00 325.00	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 66 Payable # 09t-30-24	401-030-2219 401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUP	PPLIES - GENERAL OFF PLIES - GENERAL OFF 10/17/2024 Payable Descrip Ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descript	H WHITEBOARD ERAS H 12 PK HIGHLIGHTEF H 11X17 WHITEBOAR Regular Hem Description October Copier over Regular Cion Item Description Item Description Item Description Item Description Regular Regular Regular Regular Regular Regular Regular	SER R PINK RD ARKER Discount Amoun Distrik 0.0 rage Discount Amour Distrib 0.0	1.18 2.66 6.94 1.55 0.00 nt Payable Amount 00 3.96 0.00 nt Payable Amount 0 3.96 0.00 nt Payable Amount 0 325	325.00 325.00	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 66 Payable # 09t-30-24	401-030-2219 401-030-2219 DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUP	PPLIES - GENERAL OFF 10/17/2024 Payable Descrip Ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	I 12 PK HIGHLIGHTEF I 11X17 WHITEBOAR I 4 PK DRY ERASE MA Regular tion Item Description October Copier over Regular tion Item Description ide window in AC truck Repair of driver side window	R PINK RD ARKER Discount Amoun Distrik 0.0 rage Discount Amour Distrib 0.0	2.66 6.94 1.55 0.00 nt Payable Amount 00 3.96 0.00 nt Payable Amount 0 3.96 0.00 0 3.96	325.00 325.00	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 66 Payable # 09t-30-24	DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	SUP NS INC Post Date Accc 10/09/2024 PRIN D GLASS Post Date Acco 10/08/2024 MAIN Post Date	10/17/2024 Payable Descrip ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	I 11X17 WHITEBOAR Regular tion Item Description October Copier over Regular tion Item Description ide window in AC truck Repair of driver side window	RD ARKER Discount Amoun Distrik 0.0 rage Discount Amour Distrib 0.0	0.00 nt Payable Amount 00 3 3.96 0.00 nt Payable Amount 00 3 3.96 0.00 nt Payable Amount 0 325	3.96 325.00 unt	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 36 Payable # 09t-30-24	DOCUMENT SOLUTION Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Post Date Accc 10/09/2024 PRIN D GLASS Post Date Acco 10/08/2024 MAIN	10/17/2024 Payable Descrip ount Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	Regular tion Item Description October Copier over Regular tion Item Description item Description ide window in AC truck Repair of driver side window	Discount Amour Distrik 0.0 rage Discount Amour Distrib 0.0	0.00 nt Payable Amo pution Amount 00 3 3.96 0.00 nt Payable Amo ution Amount 0 325	3.96 325.00 unt	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 66 Payable # 09t-30-24	Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Post Date Acco 10/09/2024 PRIN D GLASS Post Date Acco 10/08/2024 MAIN Post Date	Payable Descrip count Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript count Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	Regular tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side was regular	Discount Amour Distrib 0.0 rage Discount Amour Distrib 0.0	0.00 nt Payable Amount pution Amount 3.96 0.00 nt Payable Amount oution Amount 0 325	3.96 325.00 unt	
Payable # 340314 2585 Payable # 26130 51 Payable # 9-16-2024 66 Payable # 09t-30-24	Payable Type Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Post Date Acco 10/09/2024 PRIN D GLASS Post Date Acco 10/08/2024 MAIN Post Date	Payable Descrip count Name Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript count Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side window	Distrik 0.0 rage Discount Amour Distrib 0.0	nt Payable Amount 200 3.96 0.00 1 Payable Amount 200 3.96 0.00 3.96 1 Payable Amount 200 325	3.96 325.00 unt	
340314 2585 Payable # 26130 51 Payable # 9-16-2024 86 Payable # 09t-30-24	Account Number Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Acco 10/09/2024 PRIN O GLASS Post Date Acco 10/08/2024 MAIN Post Date	Copier overages Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Description	tion Item Description October Copier over Regular cion Item Description ide window in AC truck Repair of driver side window	Distrik 0.0 rage Discount Amour Distrib 0.0	nt Payable Amount 200 3.96 0.00 1 Payable Amount 200 3.96 0.00 3.96 1 Payable Amount 200 325	3.96 325.00 unt	
2585 Payable # 26130 51 Payable # 9-16-2024 86 Payable #	Invoice 911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	10/09/2024 PRIN D GLASS Post Date Acco 10/08/2024 MAIN Post Date	Copier overages NTING/PUBLISHING/A 10/17/2024 Payable Descript Ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descript	October Copier over Regular ion Item Description ide window in AC truck Repair of driver side of Regular	Distrik 0.0 rage Discount Amour Distrib 0.0	3.96 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	3.96 325.00 unt	0 130511
2585 Payable # 26130 51 Payable # 9-16-2024 86 Payable #	911-080-2221 EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	PRIN O GLASS Post Date Acco 10/08/2024 MAIN Post Date	NTING/PUBLISHING/A 10/17/2024 Payable Descript Pount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descripti	October Copier over Regular ion Item Description ide window in AC truck Repair of driver side of Regular	0.0 rage Discount Amour Distrib 0.0	3.96 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	325.00 unt	J 130511
Payable # 26130 51 Payable # 9-16-2024 86 Payable # 09t-30-24	EAST MOUNTAIN AUTO Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Post Date Acco 10/08/2024 MAIN Post Date	NTING/PUBLISHING/A 10/17/2024 Payable Descript Pount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descripti	Regular ion Item Description ide window in AC truck Repair of driver side w	rage Discount Amour Distrib 0.0	3.96 0.00 It Payable Amo ution Amount 0 325	325.00 unt	0 130511
Payable # 26130 51 Payable # 9-16-2024 86 Payable # 09t-30-24	Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Post Date Acco 10/08/2024 MAIN Post Date	10/17/2024 Payable Descript ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descripti	Regular ion Item Description ide window in AC truck Repair of driver side w	Discount Amour Distrib 0.0	0.00 It Payable Amoution Amount 0 325	unt	0 130511
Payable # 26130 51 Payable # 9-16-2024 86 Payable # 09t-30-24	Payable Type Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Post Date Acco 10/08/2024 MAIN Post Date	Payable Descript ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descripti	ion Item Description ide window in AC truck Repair of driver side v	Distrib 0.0	nt Payable Amo ution Amount 0 325	unt	0 130511
26130 51 Payable # 9-16-2024 86 Payable # 09t-30-24	Account Number Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	Acco 10/08/2024 MAIN Post Date	Payable Descript ount Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descripti	ion Item Description ide window in AC truck Repair of driver side v	Distrib 0.0	nt Payable Amo ution Amount 0 325	unt	0 130511
9-16-2024 Payable # 9-16-2024 Payable # 09t-30-24	Invoice 401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	10/08/2024 MAIN Post Date	nunt Name Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descripti	Item Description ide window in AC truck Repair of driver side v Regular	Distrib 0.0	ution Amount 0 325		
9-16-2024 Payable # 9-16-2024 Payable # 09t-30-24	401-082-2201 ESTANCIA, TOWN OF Payable Type Account Number	10/08/2024 MAIN Post Date	Repair of driver s NTENANCE & REPAIR 10/17/2024 Payable Descripti	ide window in AC truck Repair of driver side v Regular	0.0	0 325	.00	
Payable # 9-16-2024 66 Payable # 09t-30-24	ESTANCIA, TOWN OF Payable Type Account Number	MAIN	NTENANCE & REPAIR 10/17/2024 Payable Descripti	Repair of driver side v		523	.00	
Payable # 9-16-2024 86 Payable # 09t-30-24	Payable Type Account Number	Post Date	10/17/2024 Payable Descripti	Regular	window in	325.00		
Payable # 9-16-2024 86 Payable # 09t-30-24	Payable Type Account Number		Payable Descript					
9-16-2024 86 Payable # 09t-30-24	Payable Type Account Number		Payable Descript					
Payable #	Account Number			OII	ь.	0.00	2,920.00	130512
Payable #	Invoice					t Payable Amou	ınt	
Payable # 09t-30-24		10/09/2024		Item Description	Distrib	ution Amount		
Payable #	402-060-2210		Bulk Water for Ro TIES - WATER		0.00	2,920.	00	
Payable #		OTILI	WAIEN	Bulk Water for Road F	Projects	2,920.00		
<u>09t-30-24</u>	GUSTIN HARDWARE, INC	C.	10/17/2024	Decule				
	Payable Type	Post Date	Payable Description	Regular		0.00	1,152.37	130513
	Account Number		int Name		Discount Amount	Payable Amou	nt	
90	Invoice	10/09/2024		Item Description	Distribu	ition Amount		
90	402-060-2250		LIES - SHOP	for maintenance at roa		1,152.	37	
90		30771	-iL3 - 3HUP	Supplies and parts for	maintena	1,152.37		
	IRON MOUNTAIN RECORD	DS MANAGEMENT	10/17/2024	D				
Payable #	Payable Type	Post Date		Regular		0.00	636.47	130514
	Account Number		Payable Description		Discount Amount	Payable Amou	nt	
202918387	Invoice		nt Name	Item Description	Distribu	tion Amount		
	612-020-2203	10/08/2024	Off site storage		0.00	636.4	7	
	<u>612-020-2203</u>		TENANCE & REPAIR	September- Admin Fee		173.47		
	<u> </u>	MAINT	TENANCE & REPAIR	September- Off site sto	orage	463.00		
291	LOBO INTERNET SERVICES	CLTD						
D	Payable Type		10/17/2024	Regular		0.00	137.50	130515
	Account Number	Post Date	Payable Descriptio		Discount Amount		t	
NIA COTTO TO	Invoice		nt Name	Item Description		ion Amount	-	
		10/09/2024	Lobo Internet		0.00	137.50)	
-	911-080-2207	TELECO	OMMUNICATIONS	November Service Cost		137.50	•	
91 ,	LODO INTERNET SEE					207.30		
B 11	LOBO INTERNET SERVICES		10/17/2024	Regular		0.00	45.00	120516
	Payable Type	Post Date	Payable Description	1	Discount Amount		-5.00	T202TP
N/40004 ==	Account Number	Accoun		Item Description	Distributi	on Amount	•	
	Invoice	10/09/2024	Monthly internet se		0.00	45.00	i	
4	<u>401-096-2207</u>	TELECO		Monthly internet service		45.00		
11						75.00		
91 L	LOBO INTERNET SERVICES I		10/17/2024	Regular		0.00	155.00 (

Vendor Number										2024 - 10/
Payable #	Vendor Name Payable Type	Post Date	2	Payment Date Payable Descript	Payment Type	Diago	Discount Am	ount Payı	nge: 10/04/ ment Amou	
	Account Number		Account		Item Description	DISCO	unt Amount			
<u>N10715-66</u>	Invoice	10/09/20	24	INTERNET & WEE				ion Amoun		
	401-096-2207		TELECON	MUNICATIONS	NOV 2024 INTERNET	T & WEB H	0.00	155.00	155.00	
901	NM TEEN COURT ASSO	OCIATION		10/17/2024	Regular					
Payable #	Payable Type	Post Date		Payable Descript				0.00	275.0	00 13051
	Account Number		Account I		Item Description	DISCOL	int Amount	Payable A	mount	
<u>2025</u>	Invoice	10/08/202			ssoc. Membership Due	_		on Amount		
	605-022-2269		SUBSCRIP	TIONS & DUES	Primary Member Du		0.00		275.00	
	605-022-2269			TIONS & DUES	Outreach/Media Link			225.00 50.00		
1449	P & M SIGNS INC			10/17/2024				30.00		
Payable #	Payable Type	Post Date		10/17/2024	Regular		C	.00	4,513.9	8 130519
	Account Number			ayable Descriptio		Discou	nt Amount	Payable An	nount	- 100013
9341	Invoice		Account N		Item Description			n Amount	-	
	402-060-2242	10/08/202	-	igns and Decals			0.00		13.98	
	<u>402-060-2242</u> <u>402-</u> 060-2242		UPPLIES -		Stop sign			1,139.20	_5.50	
	<u>402-060-2242</u> <u>402-060-2242</u>		UPPLIES -		school bus stop ahead	d		1,600.00		
			UPPLIES -		No thru traffic			432.24		
	402-060-2242		UPPLIES -		decal 12x12			250.00		
	402-060-2242		UPPLIES -		Speed Limit sign 45mj	ph		432.24		
	402-060-2242		UPPLIES -		rd decal 3 inches			100.00		
	402-060-2242		JPPLIES -		decal numbers 1-10			20.00		
	402-060-2242	SI	JPPLIES -	SIGNS	End of county mainter	nance		540.30		
1711	POSITIVE PROMOTIONS			10/17/2024	Pogular					
Payable #	Payable Type	Post Date		yable Description	Regular		0.0		1,429.34	130520
	Account Number		count Na			Discoun	t Amount		ount	
07453725	Invoice	10/08/2024		east Cancer Awar	Item Description		Distribution	n Amount		
	600-006-2248		IPPLIES - S				0.00	1,42	9.34	
	600-006-2248		IPPLIES - S		Mesh-Back Cap			143.76		
	600-006-2248		PPLIES - S		Set up Charge			50.00		
	600-006-2248		PPLIES - S		Camino Heathered Tot	e Bag		471.76		
	600-006-2248		PPLIES - S		2XLg. T-shirts			120.72		
	600-006-2248				16oz Tumbler & Sipper	Cups		179.50		
	600-006-2248		PPLIES - S PPLIES - S		XLg. T-shirts			173.85		
	600-006-2248				Med. T-shirts			92.72		
	600-006-2248		PPLIES - S	A F F TO (g. T-shirts			173.85		
		501	PPLIES - S.	AFEIY S	Sm T-shirts			23.18		
859	PRUDENTIAL OVERALL SU	PPLY	10	0/17/2024 F	Regular		0.00	1	202	105
Payable #	Payable Type	Post Date	Pay	able Description	-	Discount	O.O. Amount Pa		283.69	130521
450727455	Account Number	Acc	ount Nan		tem Description	_iscount .	Dietrikusts	yapie Amo	unt	
<u>450737159</u>	Invoice	10/09/2024	Unif	orms for Road Cr	ew		Distribution 0.00			
	<u>402-060-2236</u>	SUP			niforms Aug-2		0.00	283 283.69	.69	
501	SAN BAR CONSTRUCTION	CORP	10)/17/2024 R	ogula -			2.00		
Payable #	Payable Type	Post Date		ble Description	egular		0.00		318.94	130522
	Account Number		raya Dunt Nam		B 1	Discount A	Amount Pa	yable Amou	ınt	
85142-S	Invoice	10/08/2024			em Description	I	Distribution A	Amount		
	412-053-2221	, , ,	TING/PU	ance County buye BLISHING/A To	ers' sign Orrance County buyers'	sign	0.00	318.	94	
33	SANTA EE NEW MARVIOLI				and sounty buyers	JIBII		318.94		
Payable #	SANTA FE NEW MEXICAN				egular		0.00		147.65	120522
- ajable n	Payable Type	Post Date		ble Description	1	Discount A	mount Pay	able Amou	177.00 . nt	130323
93047	Account Number		unt Nam		em Description		Distribution A			
23047	Invoice	10/09/2024	RFP T	C FY24-25-007 -	LEGAL ADVERSTISE	-	0.00		: E	
	401-055-2221	PRIN	TING/PUE		P TC FY24-25-007 - LEG	GAL AD		147.6 147.65	13	
'8	STAPLES BUSINESS ADVANT	ΓAGE	10/	17/2024 Re	gular		0.00			

Check Report						Date Ran	ge: 10/04/20	024 - 10/17/
Vendor Number	Vendor Name		Payment Date	Payment Type	Discount Am	ount Payn	ent Amoun	Number
Payable #	Payable Type	Post Date	Payable Descript	tion	Discount Amount			
	Account Number	Acc	ount Name	Item Description		tion Amount		
6012478221	Invoice	10/09/2024	Staples Dispatch	•	0.00		161.75	
	911-080-2219	SUP	PLIES - GENERAL OFFI	Binder	0.00	18.45	101.75	
	911-080-2219		PLIES - GENERAL OFFI			36.80		
	911-080-2219		PLIES - GENERAL OFFI			7.80		
	911-080-2219		PLIES - GENERAL OFFI					
	911-080-2220		PLIES - CLEANING	CloroxPro All Purpo	ise Cleaner	63.80 34.90		
					oc diculier	34.50		
1288	TECHNICON TRAINING &		10/17/2024	Regular		0.00	95.00	130525
Payable #	Payable Type	Post Date	Payable Descript	ion	Discount Amount	Payable An	nount	
	Account Number	Acco	ount Name	Item Description	Distribut	ion Amount		
24-IT-03522	Invoice	10/08/2024	General Instructo	r Sgt Duran	0.00		95.00	
	410-050-2266	EMP	LOYEE TRAINING	General Instructor S	igt Duran	95.00		
314	TRIADIC INC.		40/47/222					
Payable #	Payable Type	Post Date	10/17/2024	Regular		0.00		130526
,	Account Number		Payable Descripti		Discount Amount		nount	
1702323			ount Name	Item Description		ion Amount		
1102323	Invoice	10/08/2024	PC Installation & (0.00		35.32	
	401-055-2228	SOFT	TWARE	Installation & Config	guration wi/	135.32		
193	UNIVERSAL BACKGROUND	SCREENING	10/17/2024	Regular		0.00	1,115.86	120527
Payable #	Payable Type	Post Date	Payable Descripti	-				130527
-	Account Number		unt Name	Item Description	Discount Amount	-	iount	
202407013415	Invoice	10/09/2024		g testing sceenings		on Amount	15.00	
	401-014-2271		TRACT-OTHER SERVI		0.00		15.86	
	406-091-2271		TRACT - OTHER SERVI	July- HR		975.10		
	400 031-2271	CONT	IRACI - OTHER SERV	July- FIRE		140.76		
10	WILLARD, VILLAGE OF		10/17/2024	Regular		0.00	588.00	130528
Payable #	Payable Type	Post Date	Payable Description	-	Discount Amount			130320
	Account Number	Accou	unt Name	Item Description		on Amount		
10-2-2024	Invoice	10/09/2024	Tripple seven road		0.00		88.00	
	402-060-2253		ITENANCE & REPAIR	Tripple seven road pr		588.00	,0.00	
					_	322.00		
380	VOYA HOLDINGS, INC.		10/10/2024	Bank Draft	0	0.00	1,325.55	DFT000099
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount	Payable Am	ount	
	Account Number	Αςςοι	unt Name	Item Description		on Amount		
INV0004049	Invoice	10/10/2024	Voya		0.00	1,32	5.55	
	<u>401-000-9001</u>	Payro	ll Liabilities	Voya		1,325.55		
3	PUBLIC EMPLOYEES RETIRE	MENIT	10/10/2024	Doub Doub				
Payable #	Payable Type	Post Date	10/10/2024	Bank Draft		.00	53,225.88	DFT000099
. wywwic ii	Account Number		Payable Descriptio		Discount Amount	•	ount	
INV0004051			int Name	Item Description		n Amount		
11170004031		10/10/2024	PERA Retirement		0.00	53,22	5.88	
	<u>401-000-9001</u>		ll Liabilities	PERA Retirement		32,180.42		
	<u>401-000-9001</u>		ll Liabilities	PERA PICKUP		7,768.31		
	<u>401-000-9001</u>		ll Liabilities	PERA PICKUP LAW		2,406.17		
	401-000-9001	Payrol	l Liabilities	PERA Retirement		10,870.98		
8	NM TAXATION & REVENUE		10/10/2024	Bank Draft	0	00	7 604 74	DETOCOCC
Payable #		Post Date	Payable Descriptio					DFT000099
•	Account Number		nt Name		Discount Amount	-	unt	
INV0004054		10/10/2024	State Tax	Item Description	Distributio			
	<u>401-000-9001</u>		Liabilities	State Tax	0.00	7,684	1.71	
		. 4,1011		State Tax		7,684.71		
56	INTERNAL REVENUE SERVIC	E	10/10/2024	Bank Draft	0.	00	49,193.75	DETUUUUdar
					0.		.,1,00./0	D1 10000395

Check Report					0	ate Range: 10/04/20	24 - 10/17/202 4
Vendor Number	Vendor Name		Payment Date	Payment Type	Discount Amount	Payment Amount	Number
Payable #	Payable Type	Post Date	Payable Descripti	on	Discount Amount Pa		
	Account Number	Acco	unt Name	Item Description	Distribution .		
INV0004055	Invoice	10/10/2024	Federal Tax		0.00	49,193.75	
	401-000-9001	Payro	oll Liabilities	Federal Tax	17	7,065.87	
	401-000-9001	Payro	oll Liabilities	FICA Tax	25	5,210.60	
	401-000-9001	Payro	ll Liabilities	Medicare Taxes	6	5,917.28	
233	PUBLIC EMPLOYEES RETIR	EMENT	10/10/2024	Bank Draft	0.00	662.31	DFT0000996
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount Pa	yable Amount	
	Account Number	Αςςοι	unt Name	Item Description	Distribution A	Amount	
INV0004064	Invoice	10/10/2024	PERA Retirement		0.00	662.31	
	<u>401-000-9001</u>	Payro	ll Liabilities	PERA Retirement		533.52	
	401-000-9001	Payro	ll Liabilities	PERA PICKUP		128.79	
448	NM TAXATION & REVENUE		10/10/2024	Bank Draft	0.00	559.52	DFT0000997
Payable #	Payable Type	Post Date	Payable Description	on	Discount Amount Par	yable Amount	
	Account Number	Accou	int Name	Item Description	Distribution A		
INV0004065	Invoice	10/10/2024	State Tax		0.00	559.52	
	<u>401-000-9001</u>	Payro	ll Liabilities	State Tax		559.52	
1656	INTERNAL REVENUE SERVI	CE	10/10/2024	Bank Draft	0.00	3,762.07	DFT0000998
Payable #	Payable Type	Post Date	Payable Description	n	Discount Amount Pay	able Amount	
	Account Number	Accou	nt Name	Item Description	Distribution A	mount	
<u>INV0004066</u>	Invoice	10/10/2024	Federal Tax		0.00	3,762.07	
	401-000-9001	Payrol	l Liabilities	Federal Tax	1,	780.07	
	<u>401-000-9001</u>	Payrol	l Liabilities	FICA Tax	1,	399.86	
	<u>401-000-9001</u>	Payrol	l Liabilities	Medicare Taxes		582.14	
233	PUBLIC EMPLOYEES RETIRE	MENT	10/10/2024	Bank Draft	0.00	-291.80	DFT0000999
Payable #	Payable Type	Post Date	Payable Description	n	Discount Amount Pay	able Amount	
	Account Number	Accou	nt Name	Item Description	Distribution A		
CM0000183	Credit Memo	10/10/2024	PERA Retirement		0.00	-291.80	
	401-000-9001	Payroll	l Liabilities	PERA Retirement	-	235.06	
	401-000-9001	Payroll	Liabilities	PERA PICKUP		-56.74	

Bank	Code	Main	Checking	Summary
Dank	coue	IAIGIII	CHECKING	Julilliary

Payment Type	Payable Count	Payment	D:	
rayillelli Type	Count	Count	Discount	Payment
Regular Checks	150	106	0.00	176,968.00
Manual Checks	0	0	0.00	0.00
Voided Checks	0	8	0.00	-2,728.63
Bank Drafts	8	8	0.00	116,121.99
EFT's	7	6	0.00	2,373,126.22
	165	128	0.00	2,663,487.58

All Bank Codes Check Summary

Payment Type	Payable Count	Payment Count	Discount	Payment
Regular Checks	150	106	0.00	176,968.00
Manual Checks	0	0	0.00	0.00
Voided Checks	0	8	0.00	-2,728.63
Bank Drafts	8	8	0.00	116,121.99
EFT's	7	6	0.00	2,373,126.22
	165	128	0.00	2,663,487.58

Fund Summary

Fund	Name	Period	Amount
999	Pooled Cash	10/2024	2,663,487.58
			2,663,487.58



Agenda Item No. 10-A



Agenda Item No. 11-A



Agenda Item
No. 12-A

PO Box 48 205 9th Street Estancia, NM 87016 (505) 544-4700 Main Line (505) 384-5294 Fax www.torrancecountynm.org



County Commission
Commissioner Kevin McCall, District 1
Commissioner Ryan Schwebach, District 2
Commissioner Samuel D. Schropp, District 3

Interim County Manager Tracy Sedillo

REQUEST TO BE PLACED ON THE TORRANCE COUNTY COMMISSION AGENDA

This form must be returned to the County Manager's Office ONLY!

Deadline for inclusion of an item is MONDAY, NOON prior to the subsequent meeting.

All fields must be filled out for consideration.

_{Name:} Chavez, Sylvia	Clerk's Office
First Last	Department / Company / Organization Name
Today's Date: 10/10/2024	Telephone number/Extension: 4363
Is this request for the next Commission mea	eting? YES NO If no, date of Commission Meeting: 10/23/24
Brief explanation of business to be discussed	dACTIONDISCUSSION
Approval of annual contract with Tierra Lo	gic for microfilm/microfishe scanner
Is this a Resolution, Contract, Agreement, C	Grant Application, Other? N/A
Has this been reviewed by Grant Committee	
Has this been reviewed by the County Attorn	ney?YES NO
If this is a contract, MOU, or Joint Powers Agreement, to	here must be a signature line for the County Attorney on the original
Has this been reviewed by the Finance Dept	YES) NO Finance Initials:
No Impact	
Change in current fund Raise Budget (allow 45 days after	Commission approval)
Change in funds (allow 45 days aft Reduction	
Transfer funds (allow 45 days after	Commission approval)



Maintenance / Support Agreement-Contract Number: 4434

This Maintenance/Support Agreement ("the Agreement") is made and entered into as of 12/08/2024 by and between *Terralogic Document Systems (hereafter referred to as "TDS" a.k.a. "Service Provider)* and <u>TORRANCE COUNTY</u> (a.k.a. "Licensee" & "Customer") with principal place of business or operations at 205 NINETH STREET, ESTANCIA NM 87016.

Contract Term:

12/08/2024

through

12/07/2025

A. SCOPE OF SERVICE - HARDWARE SUPPORT

- 1. Preventative Maintenance on hardware items listed in "Attachment A" (located at the end of this Agreement) will be performed in accordance with the Manufacturer suggested guidelines. Additional Preventative Maintenance requested by the customer or due to high usage may be subject to additional charges.
- 2. Onsite labor to repair reported deficiencies.
- 3. Parts required to repair reported deficiencies as deemed necessary by TDS.
- 4. Response to equipment malfunction and failures. Customer will provide the TDS technical support team with a written Error Report via email at: help@terralogic.com; this is a prerequisite to TDS's contractually response time to system failures, access problems, performance failures, and errors as it ensures Customer's service issue is promptly and properly logged into TDS's service queue and reaches all pertinent TDS support personnel. Emailing service requests to individual TDS employees may cause a delay in response time and service level response times are not guaranteed in these cases. The Error report must include an explanation of the hardware service issue end-user(s) are experiencing, the end-users operation (s) employed when the problem occurred, and any available documentation of the Error. This would include, but not limited to, screen prints of all system errors, error messages, and any other information TDS reasonably requires. Reasonably promptly after TDS receives the Error Report via help@terralogic.com, TDS will cooperate with end user in assigning an appropriate service level, time of response to the situation and Service Provider personnel to assist end user in resolving the issue. The levels of service issues and response times are described in the following subparagraphs:

LEVEL ! Complete equipment failure

TDS will respond within two business hours after receipt of the Error Report and agreement that this Level of response is needed. TDS will immediately assign Service Staff & resources until resolution is reached and make all efforts to restore equipment operation within one business day

LEVEL II End users are unable to execute certain system functions

TDS will respond within four business hours after receipt of the Error Report and agreement to this Level of response. TDS will assign service staff & resources until resolution is reached and make all efforts to restore equipment function(s) within one business day.

LEVEL III Equipment not performing per documentation, but user can perform basic job functions

TDS will respond within one business day after receipt of the Error Report. TDS will make all efforts to restore function within three business days.

LEVEL IV Guidance for equipment features not currently deployed & user functionality question

TDS will respond within three business days after receipt of user request.

All response actions on the part of TDS for points one (1) through five (5) above are contingent on the following:

Assigned Service Call Number - End user to email our technical support group at help@terralogic.com or call our 800 technical support line (800-708-8584) and receive a Service Call Number.

Remote Access - Customer agrees to provide to TDS and maintain at the Customer's expense, Virtual Private Network (VPN) access or remote access through internet connectivity tools. This access is essential to provide support services; if it is not provided TDS reserves the right to charge current travel rates as well as for any additional expenses incurred.

On-Site Services - Following TDS's reasonable efforts to resolve the problems by telephone or through remote access, TDS will provide on-site Maintenance Services at Licensee's facilities in connection with the correction of any Level I, or II issue within eight business hours of the remote connection correction failure and within 16 business hours for level III issues at no additional costs to the customer.

B. SPECIFIC EXCLUSIONS - HARDWARE SUPPORT

The following items are specifically excluded from this Agreement and are billable occurrences

Exclusion Fee schedule is included at the end of this section:

- 1. Routine maintenance procedures as described in the Cleaning section of the equipment's operator guide.
- 2. Cost of rebuilding, refurbishing or re-manufacturing the equipment.

Terralogic Document Systems Annual Support Agreement - Confidential

- 3. Entire equipment accessory assemblies not essential to the primary function(s) of the machine.
- 4. "Consumables" including, but not limited to: Toner, drum units, maintenance kits, fuser kits, transfer kits, exchange roller kits, network cards, fax cards, lamps, bulbs, batteries, thermal transfer ribbons, paper.
- 5. Power cords, USB cords and power adapters.
- 6. Re-installation and reconfiguration of a machine beyond original installation for any reason.
- 7. Main logic board malfunction or replacement caused by paper clips, staples or other foreign material.
- 8. Any parts broken due to unnecessary roughness or negligent use.
- 9. Service, repair, replacement of parts, attachments or modifications of equipment installed by anyone other than authorized TDS representative.
- 10. Media, including but not limited to: CDs, tapes and ribbons.
- 11. The services of a technical support representative outside of TDS's normal business hours (Monday Friday, 8:00a.m. MST to 5:00p.m. MST). Those services will be billed to Customer at TDS's current hourly rate.
- 12. If applicable, any original installation disks given to Customer at inception of original equipment installation. Customer is responsible for keeping original installation media for future re-installation if needed. Customer will be responsible for all costs associated in replacing original installation media if indeed replacements are available; TDS cannot guarantee replacement media will be available.

Herdwere Releted Billeble Fee	Schedule
Reinstallation and reconfiguration of machine for any reason	\$125.00/hour
Hourly rate for any non covered request	\$125.00/hour
Parts listed as exclusions	TDS will quote as needed
Travel Zone Charge (Per round trip) - Quoted as needed	Zone charges vary
Traver Zone Chargo (1 c. 10 III I II)	

A. GENERAL

- 1. Days and Hours of Coverage: This Support Agreement covers service during TDS's normal working hours, 8:00 a.m. to 5:00 p.m. MST, Monday through Friday. Coverage on Holidays (New Year's, Memorial, Independence, Labor, Thanksgiving, day in connection with Thanksgiving and Christmas Day) is not included in TDS's normal working hours.
- 2. At least 30 days prior to Agreement expiration, TDS will send Customer a renewal quote for continued support. Failure to accept by the expiration date will result in cancellation of this Agreement. Acceptance of the renewal after the expiration date will result in a 15% contract reinstatement fee.
- 3. This Agreement is not assignable by the customer.
- 4. This Agreement constitutes the entire agreement between the parties herein with respect to the subject matter hereof, and no representation, either written or oral, will be of any force or effect unless specifically set forth in this Agreement. No amendment or waiver of the terms of this Agreement may be made except in writing.
- 5. Neither party will be responsible for delays or inability to service caused, directly or indirectly, by strikes, accidents, climactic condition, or other reason of a like or dissimilar nature beyond its control. In no event will either party be liable for loss of profits or special, indirect or consequential damages arising from use of, or inability to use, Software, Hardware or related Documentation. No action relating to obligations herein may be brought by either party more than one year after the cause of action has occurred.
- 6. The offering of this Agreement, in and of itself is no guarantee that the System is suitable for the Customer's purposes, or whether the System will achieve the Customer's intended results.
- 7. Service Provider's liability in case of non-performance herein will be limited to the Annual Maintenance Charge specified in the Exhibits section.

[[Space Left Intentionally Blank]]



For service please call 1-800-708-8584

Maintenance Agreement

Attachment A

TORRANCE COUNTY 205 NINETH STREET ESTANCIA, NM 87016

Service Item Description
ScanPro 2000 w/FC

Serial or Version No. Location 78086-726001172 CLERK

Annual Cost 846.00

TOTAL 846.00

IN WITNESS WHEREOF, the parties have caused this Agreement (4434) to be executed by their duly authorized officers effective as of the date first set forth above.

Terralogic Document System	ms TORRANCE COUNTY
, Contracts Manager (Sign	
	,
Date: 08/28/2024	(Typed or Printed Name)
	(Title)
	Date:
Terralogic Document Systems: 1414 Common Drive El Paso, Texas 79901	(Signature)
6565 Americas Parkway NE #200 Albuquerque, NM 87110	Michael Garcia County Attorney
800-644-7112 General Inquiries 800-708-8584 Technical Services	Title Date:
Technical Support: help@terralogic	e.com



TORRANCE COUNTY COMMISSION MEETING

Agenda Item No. 12-B PO Box 48 205 9th Street Estancia, NM 87016 (505) 544-4700 Main Line (505) 384-5294 Fax www.torrancecountynm.org



County Commission
Commissioner Kevin McCall, District 1
Commissioner Ryan Schwebach, District 2
Commissioner Samuel D. Schropp, District 3

Interim County Manager Tracy Sedillo

REQUEST TO BE PLACED ON THE TORRANCE COUNTY COMMISSION AGENDA

This form must be returned to the County Manager's Office **ONLY**!

Deadline for inclusion of an item is MONDAY, NOON prior to the subsequent meeting.

All fields must be filled out for consideration.

Name: Kristin Saavedra	Finance/Purchasing
First Last	Department / Company / Organization Name
Today's Date: 10.15.24	Telephone number/Extension: 505-544-4720
Is this request for the next Commission mee	ing (YES) If no, date of Commission Meeting:
Brief explanation of business to be discussed	X_ACTIONDISCUSSION
RFP #TC FY24-25-007 Hazard Mitigation Bold Planning, Inc.	Plan Update Recommendation/Award:
Is this a Resolution, Contract, Agreement, G	rant Application, Other? Contract
Has this been reviewed by Grant Committee	
Has this been reviewed by the County Attorn	ney? YES NO
If this is a contract, MOU, or Joint Powers Agreement, to contract.	nere must be a signature line for the County Attorney on the original
Has this been reviewed by the Finance Dept	YES NO Finance Initials:
XNo ImpactChange in current fundRaise Budget (allow 45 days afterChange in funds (allow 45 days afterReductionTransfer funds (allow 45 days after)	er Commission approval)

Request for Proposals (RFP): #TC FY24-25-007 Hazard Mitigation Plan Update

A. PURPOSE OF THIS REQUEST FOR PROPOSALS

This proposed project will develop a FEMA Approved Hazard Mitigation Plan (HMP) Update for Torrance County and other participating local governments, that meets the requirements of the Disaster Mitigation Act (DMA) of 2000, 44 CFR Part 201.6. The project will comply with the Federal Emergency Management Agency's (FEMA) most current Local Mitigation Planning Policy Guide and Hazard Mitigation Assistance (HMA) Program and Policy Guide. In addition, the HMP will be aligned with the current State of New Mexico's Hazard Mitigation Plan.

B. CONTRACT PERIOD AND RENEWAL OPTIONS

This Agreement shall become effective upon approval of the Board of County Commissioners, hereinafter referred to as the "Board," and shall automatically renew on February 1st each calendar year for two (2) additional one-year terms, and shall expire on February 01, 2026, unless terminated pursuant to Articles 4 or 8, infra. In accordance with Section 13-1-150 NMSA 1978, no term for a professional services contract, including extensions and renewals, shall exceed four (4) years, except as set forth in Section 13-1-150 NMSA 1978.

C. LIMITATION OF COST AND COMPESENSATION:

In consideration of its obligations under this Agreement, the Contractor will be compensated as follows:

The total amount payable to the Contractor under this Agreement must not exceed \$ 74,040.00, exclusive of NM GRT.

D. SUMMARY SCOPE OF WORK

New priorities for this updated HMP and planning process include increasing community engagement, expanding the hazard risk and vulnerability assessment, improving the understanding of climate change's impact on hazards, integrating the HMP across other planning efforts, and assessing the unique risks to underserved populations and communities.

APPENDIX C

CONTRACT



SERVICE AGREEMENT BETWEEN TORRANCE COUNTY AND BOLD PLANNING, INC.

FOR UPDATING THE 2017 HAZARD MITIGATION PLAN FOR TORRANCE COUNTY/TOWN OF ESTANCIA/CITY OF MORIARTY/TOWN OF MOUNTAINAIR/VILLAGE OF WILLARD/VILLAGE OF ENCINO/CLAUNCH-PINTO SOIL WATER CONSERVATION DISTRICT

THIS AGREEMENT is made and entered into this 23rd day of October. 2024, by and between TORRANCE COUNTY, hereinafter referred to as the "County" and BOLD PLANNING, INC. whose principal address is 1225 17TH STREET SUITE 2000, DENVER, CO 80202 hereinafter referred to as the "Contractor".

WHEREAS, TORRANCE COUNTY has experienced natural hazards that result in public safety hazards and damage to private and public property. The County currently has a Hazard Mitigation Plan; and

WHEREAS, pursuant to NMSA 1978 13-1-112, the County issued Request for Proposal (RFP) TC FY24-25-007 to solicit for Updating the 2017 Hazard Mitigation Plan; and

WHEREAS, the County determines the Contractor is the most qualified offeror; and

WHEREAS, the County requires the services of the Contractor, and the Contractor is willing to provide these services and both parties wish to enter into this Agreement.

NOW, THEREFORE, the parties agree as follows:

1. SCOPE OF SERVICES

The Contractor shall: identify and provide an update to Torrance County's Hazard Mitigation Plan as explained in Attachment A – Scope of Services.

2. ADDITIONAL SERVICES

- A. The parties agree that all tasks set forth in Attachment 1 (Scope of Services), of this Agreement must be completed in full, to the satisfaction of the County, in accordance with professional standards and for the amount set forth in Section 3 (Compensation, Invoicing and Set-off), of this Agreement, and for no other cost, amount, fee or expense.
- B. The County may change the services to be performed hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, which are mutually agreed upon by and between the County and the Contractor, must be incorporated in a written amendment to this Agreement.

3. COMPENSATION, INVOICING, AND SET-OFF

- A. In consideration of its obligations under this Agreement, the Contractor will be compensated as follows:
 - 1. The total amount payable to the Contractor under this Agreement must not exceed \$74,040.00, exclusive of NM GRT.
 - 2. This amount is a maximum and not a guarantee that the services to be performed by Contractor under this Agreement shall equal the amount stated herein. The parties do not intend for the Contractor to continue to provide services without compensation when the total compensation amount is reached. The County will notify the Contractor when the services provided under this Agreement reach the total compensation amount. In no event will the Contractor be paid for services provided in excess of the total compensation amount without this Agreement being amended in writing.
- B. The Contractor shall submit a written request for payment to the County when payment is due under this Agreement. Upon the County's receipt of the written request, the County will issue a written certification of complete or partial acceptance or rejection of the deliverables for which payment is sought.
 - 1. The County's representative for certification of acceptance or rejection of contractual items and services is or such other individual as may be designated in the absence of the County representative.
 - 2. The Contractor agrees that the County may not make any payment hereunder unless and until it has issued a written certification accepting the Contractor's services.
 - 3. Within 30 days of the issuance of a written certification accepting the services or deliverables, the County will tender payment for the accepted items or services. In the event the County fails to make a tender payment within 30 days of the written certification accepting the items or services, the County will pay late payment

charges of one and 1.5% per month, until the amount due is paid in full.

- C. In the event the Contractor breaches this Agreement, the County may, without penalty, withhold any payments due the Contractor for the purpose of set-off until such time as the County determines the exact amount of damages it suffered as a result of the breach.
- D. Payment under this Agreement will not foreclose the right of the County to recover excessive or illegal payment.

4. EFFECTIVE DATE AND TERM

This Agreement shall become effective upon approval of the Board of County Commissioners, hereinafter referred to as the "Board," and shall automatically renew on February 1st each calendar year for two (2) additional one-year terms, and shall expire on February 01, 2026, unless terminated pursuant to Articles 4 or 8, infra. In accordance with Section 13-1-150 NMSA 1978, no term for a professional services contract, including extensions and renewals, shall exceed four (4) years, except as set forth in Section 13-1-150 NMSA 1978.

5. TERMINATION

- A. Termination of Agreement for Cause. Either party may terminate this Agreement based upon any material breach of this Agreement by the other party. The non-breaching party must give the breaching party written notice of termination specifying the grounds for the termination. The termination will be effective 30 days from the breaching party's receipt of the notice of termination, during which time the breaching party will have the right to cure the breach. If, however, the breach cannot with due diligence be cured within 30 days, the breaching party will have a reasonable time to cure the breach, provided that, within 30 days of its receipt of the written notice of termination, the breaching party began to cure the breach and advised the non-breaching party in writing that it intended to cure.
- B. <u>Termination for Convenience of the County</u>. The County may, in its discretion, terminate this Agreement at any time for any reason by giving the Contractor written notice of termination. The notice must specify the effective date of termination, which must not be less than 15 days from the Contractor's receipt of the notice. The County will pay the Contractor for acceptable services performed before the effective date of termination but will not be liable for services performed after the effective date of termination.

6. APPROPRIATIONS AND AUTHORIZATIONS

This Agreement is contingent upon sufficient appropriations and authorizations being made for performance of this Agreement by the Board of County Commissioners of the County and/or, if state funds are involved, the Legislature of the State of New Mexico. If sufficient appropriations and authorizations are not made in this or future fiscal years, this Agreement will terminate upon written notice by the County to the Contractor. Such termination will be without penalty to the County, and the County will have no duty to reimburse the Contractor for expenditures made in the performance of this Agreement. The County is expressly not committed to expenditure of any funds until such time as they are programmed, budgeted, encumbered and approved for expenditure by the County. The

County's decision as to whether sufficient appropriations and authorizations have been made for the fulfillment of this Agreement will be final and not subject to challenge by the Contractor in any way or forum, including a lawsuit.

7. INDEPENDENT CONTRACTOR

The Contractor and its agents and employees will be independent contractors and not employees or agents of the County. Accordingly, the Contractor and its agents and

employees will not accrue leave, participate in retirement plans, insurance plans, or liability bonding, use County vehicles, or participate in any other benefits afforded to employees of the County. Except as may be expressly authorized elsewhere in this Agreement, the Contractor has no authority to bind, represent, or otherwise act on behalf of the County and agrees not to purport to do so.

8. ASSIGNMENT

The Contractor must not assign or transfer any interest in this Agreement or assign any claims for money due or to become due under this Agreement without the advance written approval of the County. Any attempted assignment or transfer without the County's advance written approval will be void.

9. SUBCONTRACTING

The Contractor must not subcontract or delegate any portion of the services to be performed under this Agreement without the advance written approval of the County. Any attempted subcontracting or delegating without the County's advance written approval will void.

10. PERSONNEL

- A. All services must be performed by the Contractor or under its supervision.
- B. The Contractor represents that it has, or will secure at its own expense, all personnel required to discharge its obligations under this Agreement. Such personnel (i) must not be employees of or have any contractual relationships with the County and (ii) must be fully qualified and licensed or otherwise authorized or permitted under federal, state, and local law to perform such services.

11. RELEASE

Upon its receipt of all payments due under this Agreement, the Contractor releases the County, its elected officials, officers, agents and employees from all liabilities, claims, and obligations whatsoever arising from or under or relating to this Agreement.

12. CONFIDENTIALITY

Any confidential information provided to or developed by the Contractor in the performance of this Agreement must be kept confidential and not be made available to any individual or organization by the Contractor without the prior written approval of the County.

13. PUBLICATION, REPRODUCTION, AND USE OF MATERIAL; COPYRIGHT

A. The County has the unrestricted right to publish, disclose, distribute and otherwise use,

in whole or in part, any reports, data, or other material prepared under or pursuant to this Agreement.

B. The Contractor acknowledges and agrees that any material produced in whole or in part under or pursuant to this Agreement is a work made for hire. Accordingly, to the extent that any such material is copyrightable in the United States or in any other country, the County will own any such copyright.

14. CONFLICT OF INTEREST

The Contractor represents that it has no and shall not acquire any interest, direct or indirect, that would conflict in any manner or degree with the performance of its obligations under this Agreement.

15. NO ORAL MODIFICATIONS; WRITTEN AMENDMENTS REQUIRED

This Agreement may not be modified, altered, changed, or amended orally but, rather, only by an instrument in writing executed by the parties hereto. The Contractor specifically acknowledges and agrees that the County shall not be responsible for any changes to Section 1 (Scope of Work), of this Agreement unless such changes are set forth in a duly executed written amendment to this Agreement.

16. ENTIRE AGREEMENT; INTEGRATION

This Agreement incorporates all the agreements, and understandings between the parties, and all such agreements, and understandings are merged into this Agreement. No prior or contemporaneous agreement or understandings, verbal or otherwise, of the parties or their agents will be valid or enforceable unless embodied in this Agreement.

17. NOTICE OF PENALTIES

The Procurement Code, NMSA 1978, Sections 13-1-28 through 13-1-199, imposes civil and criminal penalties for its violation. In addition, New Mexico criminal statutes impose felony penalties for bribes, gratuities, and kickbacks.

18. EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

- A. The Contractor agrees to abide by all federal, state, and local laws, ordinances, and rules and regulations pertaining to equal employment opportunity and unlawful discrimination. Without in any way limiting the foregoing general obligation, the Contractor specifically agrees not to discriminate against any person with regard to employment with the Contractor or participation in any program or activity offered pursuant to this Agreement on the grounds of race, age, religion, color, national origin, ancestry, sex, physical or mental handicap, serious medical condition, spousal affiliation, sexual orientation, or gender identity.
- B. The Contractor acknowledges and agrees that failure to comply with this section will constitute a material breach of this Agreement.

19. COMPLIANCE WITH APPLICABLE LAW; CHOICE OF LAW

A. In performing its obligations hereunder, the Contractor must comply with all applicable laws, ordinances, and regulations.

B. This Agreement will be construed in accordance with the substantive laws of the State of New Mexico, without regard to its choice of law rules. Contractor and the County agree that the exclusive forum for any litigation between them arising out of or related to this Agreement will be state district courts of New Mexico, located in Torrance County.

20. RECORDS AND INSPECTIONS

- A. To the extent its books and records relate to (i) its performance of this Agreement or any subcontract entered into pursuant to it or (ii) cost or pricing data (if any) set forth in this Agreement or that was required to be submitted to the County as part of the procurement process, the Contractor agrees to (i) maintain such books and records during the term of this Agreement and for a period of six years from the date of final payment under this Agreement; (ii) allow the County or its designee to audit such books and records at reasonable times and upon reasonable notice; and (iii) to keep such books and records in accordance with generally accepted accounting principles (GAAP).
- B. To the extent its books and records relate to (i) its performance of this Agreement or any subcontract entered into pursuant to it or (ii) cost or pricing data (if any) set forth in this Agreement or that was required to be submitted to County as part of the procurement process, the Contractor also agrees to require any subcontractor it may hire to perform its obligations under this Agreement to (i) maintain such books and records during the term of this Agreement and for a period of six years from the date of final payment under the subcontract; (ii) to allow the County or its designee to audit such books and records at reasonable times and upon reasonable notice; and (iii) to keep such books and records in accordance with GAAP.

21. INDEMNIFICATION

- A. The Contractor shall defend, indemnify the County and its elected officials, agents, and employees from any losses, liabilities, damages, demands, suits, causes of action, judgments, (including but not limited to legal costs) resulting from or directly or indirectly arising out of the Contractor's performance or non-performance of its obligations under this Agreement, including but not limited to the Contractor's breach of any representation or warranty made herein.
- B. The Contractor agrees that the County will have the right to control and participate in the defense of any such demand, suit, or cause of action concerning matters that relate to the County and that such suit will not be settled without the County's consent, such consent not to be unreasonably withheld. If a conflict exists between the interests of the County and the Contractor in such demand, suit, or cause of action, the County may retain its own counsel to represent the County's interest.
- C. The Contractor's obligations under this section will not be limited by the provisions of any insurance policy the Contractor is required to maintain under this Agreement.

22. SEVERABILITY

If any term or condition of this Agreement shall be held invalid or non-enforceable by any

court of competent jurisdiction, the remainder of this Agreement will not be affected and shall be valid and enforceable.

23. NOTICES

Any notice required to be given to either party by this Agreement must be in writing and shall be delivered in person, by courier service or by U.S. mail, either first class or certified, return receipt requested, postage prepaid, as follows:

To the County: Kristin Saavedra Torrance County Purchasing Division PO Box 48 Estancia, New Mexico 87016

To the Contractor: Bold Planning, Inc.

Name: Benny Meadows

Address: 1225 17th St. Ste. 2000, Denver, CO 80202

Phone: 720-490-4525

24. CONTRACTOR'S REPRESENTATIONS AND WARRANTIES

The Contractor hereby represents that:

- A. This Agreement has been duly authorized by the Contractor, the person executing this Agreement has authority to do so, and, once executed by the Contractor, this Agreement will constitute a binding obligation of the Contractor.
- B. This Agreement and Contractor's obligations under this Agreement do not conflict with Contractor's corporate agreement or any statement filed with the New Mexico Secretary of State on Contractor's behalf.
- C. Contractor is legally registered and is properly licensed by the State of New Mexico to provide the services anticipated by this Agreement and must maintain such registration and licensure in good standing throughout the duration of the Agreement.

25. FAX or ELECTRONIC SIGNATURES

The parties hereto agree that a facsimile or electronic signature has the same force and effect as an original for all purposes.

26. NO THIRD-PARTY BENEFICIARIES

This Agreement was not intended to and does not create any rights in any persons not a party hereto.

27. INSURANCE

- A. <u>General Conditions</u>. The Contractor must submit evidence of insurance as is required herein. Policies of insurance shall be written by companies authorized to write such insurance in New Mexico.
- B. General Liability Insurance, Including Automobile. The Contractor must procure and

maintain during the life of this Agreement a comprehensive general liability and automobile insurance policy with liability limits in amounts not less than \$1,000,000.00 combined single limits of liability for bodily injury, including death, and property damage for any one occurrence. Said policies of insurance shall include coverage for all operations performed for the County by the Contractor; coverage for the use of all owned, non-owned, hired automobiles, vehicles and other equipment, both on and off work; and contractual liability coverage under which this Agreement is an insured contract. Torrance County must be a named additional insured on the policy.

- C. <u>Increased Limits.</u> If, during the life of this Agreement, the Legislature of the State of New Mexico increases the maximum limits of liability under the Tort Claims Act (NMSA 1978, Sections 41-4-1 through 41-4-29), the Contractor must increase the maximum limits of any insurance required herein.
- D. <u>Workers' Compensation.</u> The Contractor must comply with the provisions of the Workers' Compensation Act.

28. PERMITS, FEES, AND LICENSES

Contractor will procure all permits and licenses, pay all charges, fees, and royalties, and give all notices necessary and incidental to the due and lawful performance of its obligations hereunder.

29. NEW MEXICO TORT CLAIMS ACT

No provision of this Agreement modifies or waives any sovereign immunity or limitation of liability enjoyed by County or its "public employees" at common law or under the New Mexico Tort Claims Act, NMSA 1978, Section 41-4-1.

30. CAMPAIGN CONTRIBUTION DISCLOSURE FORM

The Contractor agrees to complete and submit simultaneous with execution of this Agreement a Campaign Contribution Disclosure form.

31. SURVIVAL

The provisions of following paragraphs shall survive termination of this Agreement: INDEMNIFICATION; RECORDS AND INSPECTION; RELEASE, CONFIDENTIALITY, PUBLICATION, REPRODUCTION, AND USE OF MATERIAL; COPYRIGHT; COMPLIANCE WITH APPLICABLE LAW; CHOICE OF LAW; NO THIRD-PARTY BENEFICIARIES; and SURVIVAL.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date of signature by the Board of County Commissioners below.

By:	Date:
Contractor	
Printed Name:	
Address: 1255 17 th Street S	Suite 2000, Denver, CO 80202
By: Torrance County M	Date:
Printed Name: J. Jordan B	-
Address: 205 S. Ninth Str	eet, Estancia, NM 87016.
Torrance County Purchasi	ing Agent Date:
Printed Name: KRISTIN SA	AAVEDRA
Address: 205 S. Ninth Str	reet, Estancia, NM 87016

BOARD OF COUNTY COMMISSIONERS

APPROVED, ADOPTED AND PASSED on this _	day of,
YEAR.	
Ryan Schwebach Chairman, District II	
Kevin McCall Commissioner, District I	
Samuel Schropp Member, District III	
Approved as to form:	
Torrance County Attorney	
Attest:	
Linda Jaramillo Torrance County Clerk	

Attachment 1 – Scope of Services

Torrance County

New priorities for this updated HMP and planning process include increasing community engagement, expanding the hazard risk and vulnerability assessment, improving the understanding of climate change's impact on hazards, integrating the HMP across other planning efforts, and assessing the unique risks to underserved populations and communities

Task 1: Organize Resources

The planning team will be compiled from a diverse group beginning with representatives of the participating local governments, in addition to regional/state stakeholders and neighboring governments. Representatives from the sectors and lifelines identified in the Local Mitigation Planning Policy Guide and HMA Program and Policy Guide will be invited and encouraged to participate. Additionally, representatives for underserved communities, including community leaders and those with social capital, will be invited and supported by reducing obstacles to participation. Invitations to all potential participants will be emailed to all roster invitees.

Past FEMA and state comments on the existing HMP will be reviewed for any deficiencies and suggested comments. In addition, past hazard events, HMP maintenance efforts, and mitigation project implementation will be assessed. The plan will include a description of building codes, hazard overlay districts, zoning and subdivision codes, or other hazard mitigation measures currently in effect for each participating jurisdiction that has land use authority.

The plan will document the planning process used to develop the plan update, including each jurisdiction's participation in the planning process and how they met FEMA's participation requirements.

The development of a community engagement and outreach strategy will occur early in the planning process and be defined by participant capabilities and preferences. This may include a combination of public workshops, public surveys, public messaging via various social media and other platforms, and other engagement tools. The methods most used by Torrance County for community outreach currently include public meetings, postings on websites, Torrance County Emergency Management Facebook page, and postings in local newspapers. Torrance County will assess ways to expand outreach during the planning process. The public will be given an opportunity to provide input early in the planning process and will also be given an opportunity to comment on the draft HMP before it is finalized.

Task 2: Risk Assessment

The updated Hazard Mitigation Plan will Identify all natural and human caused hazards likely to impact the jurisdiction. At a minimum, this shall include the hazards profiled in the previous HMP: Flood, Wildfire, Drought, Earthquake, Severe Winter Storms, High Wind, Extreme Heat The risk assessment will include:

- 1. Best available data (local, state, and national), modeling tools (such as FEMA's Hazus software), and methodologies following industry best practices. Geospatial analysis will be utilized whenever data permits. As data gaps are identified, they will be tracked for inclusion into the mitigation strategy.
- 2. Updated information on the location, extent, and previous occurrences of each hazard affecting

each jurisdiction, including any hazard events that have occurred since the last plan date.

- 3. Updated information on the probability of future hazard events.
- 4. An analysis of each jurisdiction's vulnerability to each hazard, to include each hazard's impact on buildings, infrastructure, critical facilities, and vulnerable populations.
- 5. The most current FEMA Flood Insurance Rate Maps (FIRM), if available. The plan will address changes in the type and number of National Flood Insurance Program (NFIP) insured properties, to include repetitive loss (RL) and severe repetitive loss (SRL) properties.
- 6. How each hazard is likely to impact vulnerable populations and disadvantaged communities.
- 7. How changing future conditions such as climate change and changes in development are likely to impact each jurisdiction's current and future vulnerability to each hazard.

Task 3: Mitigation Strategy

Each jurisdiction will participate in the development of a mitigation strategy that reflects the results of the updated risk assessment and includes the following:

- 1. Each jurisdiction's existing capabilities related to hazard mitigation (authorities, policies, programs, and resources), and their ability to expand on and improve these existing tools. This will include any changes in community priorities and local mitigation progress.
- 2. Overall goals for reducing risk in the planning area. The participating jurisdictions may also create objectives as part of the mitigation strategy. The plan will describe how the planning team reviewed, and if applicable, updated the goals and objectives.
- 3. Updates on mitigation actions in the current plan, identifying which are complete, incomplete, deleted, or continued for each jurisdiction.
- 4. A description of each jurisdiction's participation in the NFIP and continued compliance with NFIP requirements, as appropriate.
- 5. Specific mitigation actions and projects to reduce the impacts identified in the risk assessment, with an emphasis on new and existing buildings, critical infrastructure and lifelines, and vulnerable populations. Each jurisdiction seeking adoption of the plan must have at least one new or unimplemented action for each hazard profiled in the risk assessment.
- 6. The mitigation strategy will focus on opportunities to overcome challenges, including the recognition of needs and gaps in capabilities; prioritization of mitigation actions based on the plan's goals and updated risk assessment; identification of lead and supporting agencies for each mitigation action, the identification of possible funding sources; and the integration of the HMP into other community plans to strengthen the community's resilience to hazards.

The planning team will assess previous plan maintenance methods and identify strengths and gaps in execution of stated protocols. Discussion will result in an updated protocol that is feasible and includes specific methods for monitoring and evaluating the effectiveness of the plan, future updates to the plan, and a strategy for continued public participation.

Task 4: Plan Adoption

The drafted HMP will be reviewed by the planning team and once approved will be released for public review and comment, for a period of at least two weeks. Any comments will be addressed, the FEMA Local Mitigation Plan Review Tool will be completed, and the final draft will be submitted to the State of New Mexico. Any state or FEMA revisions will be addressed. Upon receiving FEMA Approvable Pending Adoption status, Torrance County will obtain participant adoptions in a timely manner and once approved release the plan to the public. The result of the

project will be a FEMA Approved multi-hazard mitigation plan per 44 CFR 201.6.

Budget

The project is being funded through FEMA's Hazard Mitigation Assistance grant program. The federal share, not to exceed \$74,040.00, has been obligated for this project. The local project match (non-federal share) will be funded by the participating local governments through a combination of local cash and/or in-kind efforts.

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TORRANCE COUNTY COMMISSION MEETING

Agenda Item No. 12-C PO Box 48 205 9th Street Estancia, NM 87016 (505) 544-4700 Main Line (505) 384-5294 Fax www.torrancecountynm.org



County Commission
Commissioner Kevin McCall, District 1
Commissioner Ryan Schwebach, District 2
Commissioner Samuel D. Schropp, District 3

Interim County Manager Tracy Sedillo

REQUEST TO BE PLACED ON THE TORRANCE COUNTY COMMISSION AGENDA

This form must be returned to the County Manager's Office ONLY!

Deadline for inclusion of an item is Monday, Noon prior to the subsequent meeting.

All fields must be filled out for consideration.

Name: Misty Witt	Finance
First Last	Department / Company / Organization Name
Today's Date: 10/8/24	Telephone number/Extension:
Is this request for the next Commission meet	ting? YES NO If no, date of Commission Meeting: 10/23/24
Brief explanation of business to be discussed	ACTIONDISCUSSION
Seeking approval to pay prior year invoice and is paid by the Finance Department. There was a PO in place at the time of services.	to Iron Mountain. Invoice is a contractual service is invoice was missed in December of 2023. vice.
Is this a Resolution, Contract, Agreement, Gr	rant Application, Other? No
Has this been reviewed by Grant Committee?	? YES NO If yes, corresponding paperwork must be attached.
Has this been reviewed by the County Attorn	ey? YES NO
If this is a contract, MOU, or Joint Powers Agreement, the contract.	ere must be a signature line for the County Attorney on the original
Has this been reviewed by the Finance Dept?	YES NO Finance Initials:
No ImpactChange in current fundRaise Budget (allow 45 days after CChange in funds (allow 45 days afterReductionTransfer funds (allow 45 days after	er Commission approval)



Direct Questions To: Customer Support Site -

https://ironmountain.com/support or click

"Contact Support"

- OFFICE OF COUNTY CLERK ACCOUNTS PAYABLE PO BOX 767 ESTANCIA NM 87016-0767

Invoice

Page 1 of 2

Account Overview

Invoice Number: 202797345 Invoice Date: 11/30/2023 Service Period: NOV-2023 Account ID: 44033.0NM389 Tax ID: 23-2588479

Due By: 12/30/2023

Sign up for the most secure, easy, and eco-friendly way to receive invoices!

Through SecureSync, you can:

Receive email notifications for new invoices Access and print invoices and invoice reports 24/7

View invoice balances and more

SIGN UP TODAY:

https://www3.securesync.com/ and click on 'Pay invoices"

> For registration assistance, visit https://www.ironmountain.com/support click "Contact Support" and search "e-billing"

*Not available for Data Restoration Program or DigitalCloud Customer Base

New Charges

Storage	341.46
Service	0.00
Other Charges	127.92
Tax	35.79
Total Adjustment Amount	0.00

INVOICE AMOUNT DUE IN USD

\$505.17

LEGEND:

- When paying please include applicable customer ID(s), invoice number(s) and invoice amount(s)
- Balance Activity does not reflect any payment received that has not or could not be applied to open invoices.
- Adjustment amount includes credits, debits and other adjustments made by the specified date
- Payment is due per contract Net terms from the invoice date

TO VIEW ONLINE GO TO:

https://www3.securesync.com

*Not Available to our Data Restoration Program or Digital/Cloud Customer Base

SUBMIT

IRON MOUNTAIN PO BOX 601002

PAYMENTS TO: PASADENA, CA 91189-1002

^{*}Past Due balances are subject to Late Fee per contract terms

^{*}Unless otherwise expressly agreed upon in writing



TORRANCE COUNTY COMMISSION MEETING

Agenda Item No. 12-D PO Box 48 205 9th Street Estancia, NM 87016 (505) 544-4700 Main Line (505) 384-5294 Fax www.torrancecountynm.org



County Commission
Commissioner Kevin McCall, District 1
Commissioner Ryan Schwebach, District 2
Commissioner Samuel D. Schropp, District 3

County Manager Janice Y. Barela

REQUEST TO BE PLACED ON THE TORRANCE COUNTY COMMISSION AGENDA

This form must be returned to the County Manager's Office ONLY!

Deadline for inclusion of an item is <u>MONDAY, NOON</u> prior to the subsequent meeting.

All fields must be filled out for consideration.

Name: Deanna Lopez	DWI
First Last	Department / Company / Organization Name
Today's Date: 10/2/24	Telephone number/Extension: 4704
Is this request for the next Commission meeting	g? YES NO If no, date of Commission Meeting: 10/23/24
Brief explanation of business to be discussed	ACTIONDISCUSSION
Approval of MOU between Torrance County I Department for DWI enforcement activities, in round-ups.	DWI Program and Town of Estancia Police ncluding directed patrol operations and warrant
Is this a Resolution, Contract, Agreement, Gran Has this been reviewed by Grant Committee?	
Has this been reviewed by the County Attorney	
If this is a contract, MOU, or Joint Powers Agreement, there contract.	must be a signature line for the County Attorney on the original
No Impact Change in current fund Raise Budget (allow 45 days after Con Change in funds (allow 45 days after Con Reduction Transfer funds (allow 45 days after Con Reduction	Commission approval)

MEMORANDUM OF UNDERSTANDING BETWEEN TORRANCE COUNTY DWI PROGRAM AND TOWN OF ESTANCIA POLICE DEPARTMENT

This MEMORANDUM OF UNDERSTANDING is entered into by and between the Torrance County Driving While Intoxicated (DWI) Program and Town of Estancia Police Department.

WHEREAS, alcohol-involved crashes in Torrance County constitute a threat to the safety of motorists and the community at large; and

WHEREAS, the Torrance County DWI program has received funding for Fiscal Year 2025 from the "Local DWI Grant Program" which is administered by the State of New Mexico Department of Finance and Administration/Local Government Division, to be used for the enforcement of DWI laws in the State of New Mexico, in order to reduce the incidences of alcohol-involved crashes; and

WHEREAS, the Town of Estancia Police Department has made a commitment to work toward reducing the number of alcohol-involved crashes in the Town of Estancia and is willing to conduct directed patrols and warrant roundups to this effort, but is unable to commit manpower on a regular basis to conduct such activities, but can pay officers overtime to conduct special DWI enforcement operations; and

It is hereby agreed:

- 1. The Town of Estancia Police Department will conduct DWI enforcement activities (directed patrols and warrant roundups) at locations within the Town of Estancia where alcohol-involved crashes are prevalent. Upon completion of each activity, the police department will then provide a detailed activity report, as well as a detailed statement advising which officers participated in the activities, including the precise number of hours worked by each officer and the dates worked. The final report shall be due no later than June 10, 2025.
- 2. The Torrance County DWI Program will ensure payment is made to the Town of Estancia Police Department for overtime expenditures associated with DWI enforcement events and prevention activities conducted in the Town of Estancia.
- 3. The Town of Estancia Police Department will ensure a representative attends the DWI Planning Council meetings held quarterly.

The total amount expended shall not exceed \$6,000.00 and is to be spent prior to June 10, 2025, and the expenditure of this money can only be used for above-mentioned activities in Torrance County, New Mexico.

This MEMORANDUM OF UNDERSTANDING will become effective when fully executed by both parties, and will continue to be in effect until June 30, 2025, or until terminated in writing by either party within thirty days notice of said termination.

IN WITNESS WHEREOF, the parties names herein have caused this MEMORANDUM to be duly executed on their behalf and be unto official.

Torrance County Manager	Date
Torrance County Attorney	Date
##101	10-02-24
Town of Estancia Police Chief	Date



TORRANCE COUNTY COMMISSION MEETING

Agenda Item
No. 12-E



Torrance County Job Description

Job Title: Deputy County Manager

Department: Manager

Reports Directly to: County Manager

We conform to all the laws, statues, and regulations concerning equal employment opportunities and affirmative action. We strongly encourage women, minorities, individuals with disabilities and veterans to apply to all of our job openings. We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, gender, sexual orientation, gender identity, or national origin, age, disability status, Genetic information & Testing, Family & Medical Leave, Protected Veteran status, or any other characteristic protected by law. We prohibit retaliation against individuals who bring forth any complaint, orally or in writing, to the employer or the government, or against any individuals who assist or participate in the investigation of any complaint or otherwise oppose discrimination.

Summary:

Assist the County Manager in directing, planning, and administering the activities of County operations, provides highly responsible and complex administrative assistance and support to the County Manager. Provide oversight for the administrative functions including but not limited to finance, intergovernmental relations, and public information, including direct oversight of the Finance Department. Assists in management and oversight of all County departments. Demonstrates strong ethical, professional, and service oriented leadership. Prepare and disseminate information for Torrance County through social media, newspapers, periodicals, television, and radio.

Responsibilities:

- Provides direction and oversight of all financial operations of Torrance County, including
 oversight and management of budget preparation and monitoring, general accounting, accounts
 payable, accounts receivable, payroll, internal controls and audit planning.
- Coordinates and oversees functions of the Finance Department, including the responsibilities identified in Exhibit A.
- Assist in the management of the County through planning, organizing and directing the County's internal operations and acting as a liaison between the County Manager and department directors.

- Assess County needs and effectiveness, efficiency, and customer service in terms of accomplishing goals and objectives and achieving customer satisfaction.
- Assist in the development and implementation of County plans, goals, and policies and ensure that county departments comply.
- Assume oversight responsibility for Board of County Commissioner (BBC) agenda preparation as
 it relates to activities performed by assigned Departments including preparation and review of
 reports to the BCC.
- Receive, investigate and resolve difficult and sensitive complaints or inquiries from the general public concerning County operations.
- Effectively plan, organize, direct, coordinate, and administer the activities and programs through subordinate staff.
- Act as County Manager in his/her absence.
- Maintain knowledge of current Federal, State, and Local rules and regulations and professional best practices through such means as attending seminars, reviewing professional publications, taking classes and participating in professional development activities.
- Maintains a department that is progressive, modern, and fully compliant with all applicable
 government standards and regulations in its approach to delivering services. Demonstrates
 continuous efforts to improve operations, decrease turnaround times, streamline work
 processes, and work cooperatively and jointly to provide quality seamless customer service.
- Integrates the financial operations, and quality assurance for the Department.
- Ensures business/financial operations are in compliance with County, State, and Federal requirements, and general Accounting Principles
- Recommends modifications to department programs based on business and financial analysis.
 Assists the Director in developing, administering, and monitoring programs. Interprets and recommends policies to the Department Head, presents information and requests to the Board of Commissioners. Complete special assignments for the Board.
- Under the direction of the County Manager appears as the county representative when working with other agencies and establishes and maintains positive relationships with other county departments and state agencies.
- Negotiates contracts and agreements with representatives of other governmental agencies and businesses.
- Coordinates with elected county officials, other county departments, and outside agencies to provide highly responsible and complex administrative support to the county.
- Assists with the development and administration of departmental goals, objectives and procedures.
- Other duties as assigned.

Preferred Knowledge, Skills, and Abilities:

- Knowledge of Federal, State, and County laws, rules, regulations, and legislative procedures.
- Knowledge of structure and functions of local government, policies, and procedures.
- Knowledge of the principles and practices of legal, ethical and professional rules of conduct.

- Knowledge of techniques and practices for efficient and cost-effective management of resources.
- Skill in organizing resources and establishing priorities.
- Ability to make administrative and procedural decisions and judgments on sensitive, confidential issues.
- Ability to communicate effectively both orally and written.
- Ability to investigate and analyze information.
- Knowledge of department purposes, functions, standards, and practices.
- Skilled in the operation of computer programs and public body accounting/bookkeeping procedures.
- Able to make independent decisions while exercising good judgment.
- Able to review and analyze reports, records, and policies.
- Organized and able to coordinate own work and that of others.
- Knowledge of public sector budgets, grant protocols, and financial reporting.
- Knowledge of generally accepted government accounting principles practices and procedures (GAAFR, GAAP and GASB); public finance and fiscal planning, bond issuance, federal arbitrage regulations, and IRS and SEC rules and regulations.
- Knowledge of county organizations and department operations including applicable laws and regulations; internal control principles and methods of application; budgeting, accounting and related statistical procedures; knowledge of payroll procedures, IRS rules and regulations pertaining to payroll.
- Knowledge of New Mexico State Procurement Code rules and regulations.

Preferred Experience:

- Bachelor's degree and at least five to seven (5-7) years of experience directly related to the duties and responsibilities of the position.
- Or Seven years of experience directly related to departmental management and significant college level course work, or senior level certifications in management.
- Must have a valid New Mexico driver's license, must be insured for liability purposes.

The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or logical assignment to the position.

EMPLOYEE DECLARATION

I have read the above position specifications. I understand the demands and expectations of the position described and, to the best of my knowledge, believe I can perform these duties.	
Printed Name	
Signature	

EXHIBIT A

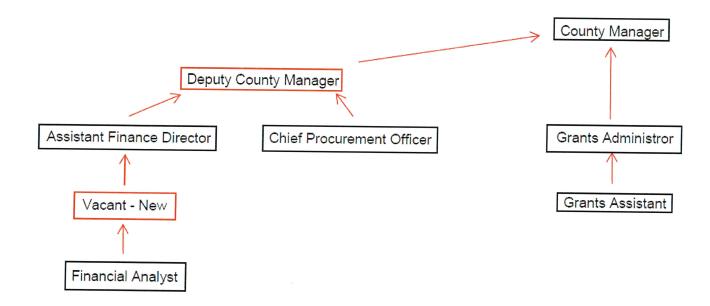
RESPONSIBILITIES FOR OVERSIGHT OF THE TORRANCE COUNTY FINANCE DEPARTMENT

- Oversees current budget.
- Works with the Treasurer to ensure account balances.
- Reports to the County Commission on accounts payable.
- Ensures that the Finance Office operates under recognized accounting practices.
- Responsible for the oversight of receipt of and payment of incoming invoices.
- Ensures resolutions are prepared for Commission Meetings that pertain to finance.
- Corresponds with DFA and Taxation and Revenue.
- Submits annual audit to State Fire Marshall's Office.
- Oversees the issuance of and reports 1099's.
- Oversees payment of contracts and loans.
- Maintains appropriations.
- Maintains annual training requirements and participates in courses provided by New Mexico Department of Finance and New Mexico Counties. Must be bondable.
- Supervises the staff of the Finance Department, including training, coaching, discipline, performance reviews, policy, practices, and operational procedures.
- Monitors and compares the annual expense and revenue budget versus actuals; prepares resolutions for adjustments to the County budget in accordance with the state law.
- Conducts periodic audits of various County programs, utility bills, and other areas that need periodic review to insure proper expenditures.
- Responsible for finance-related correspondence between the County, the State Department of Finance and Administration and other agencies.
- Prepares and maintains general ledger and chart accounts.
- Prepares and organizes policies, systems, procedures, and practices necessary to the successful operation of the financial systems, including appropriate internal controls.
- Prepares the annual financial statements in compliance with the Governmental, Accounting, Auditing and Financial Reporting (GAAFR) standards.
- Performs the basic tasks for recommending the selection of an external audit firm for the subsequent approval by the County Manager and the Commission.
- Assists the auditors during the audit of the County financial records and follows up on findings to improve the financial systems.
- Prepares and maintains long-range financial projections for the County Manager and Commission to use as decision-making tools.
- Reconciles all funds to the County Treasurer's Report; verifies trial balance with the financial reports and other related reports.
- Manages year-end audit process including preparation of annual or fiscal year closeout report for the year-end audit.
- Obtains information for all Capital Outlay items; completes inventory sheets and records fixed assets additions and/or deletions.
- Supervises records retention/disposition of County finance records.

- Complies with the Torrance County Personnel Ordinance, Purchasing Policy and other Policies as approved by the Board of Commission.
- Performs all duties with minimal supervision.
- May be required to work irregular hours, attend job-related meetings, and perform other duties as assigned.
- May be required to travel.
- Oversees the development and preparation of the county-wide budget; coordinates budget
 development process with various County Department Heads; forecasts revenues and
 expenditures; manages submission of the annual budget and quarterly reports to the State on
 policies; provides the County Manager, Commission and Department Heads with information
 and recommendations for efficient fiscal administration; recommends rules, regulations,
 policies, and procedures, and implements the same upon approval; assures county fiscal
 activities conform to statutory and generally accepted accounting principles.
- Coordinates annual external audit; manages preparation of the financial statements in accordance with Generally Accepted Accounting Principles for the external audit; directs and coordinates year-end closing functions; posts fund transfers, auditors entries, and adjusting journal entries; prepares and publishes annual financial report and historical reports; serves as internal auditor; examines and verifies the accuracy of all reports, bonds, papers, vouchers, and accounts including various federal funding accounts; monitors billing and collection procedures and assures county-wide compliance to establish budgets.
- Coordinates County bond issues with financial advisors, underwriters, fiscal agents, and bond counsel; ensures that future bond issues are secured at reasonable rates and that a satisfactory credit rating is maintained by analyzing and monitoring the County's revenue and expenditure status; ensures compliance with the County's bond ordinances and SEC rules.
- Directs and manages financial and accounting activities related to grants awarded to the county; assures proper and timely reporting of fund utilization; assures compliance with grant stipulations and requirements; coordinates timely requests for grant disbursements for various programs; oversees financial administration of special funds or accounts, i.e., Fire Protections Funds, Emergency Medical Services Funds, and Fire Excise Funds as allocated to Fire Districts.
- Oversees accounts payable and receivable processes; plans, organizes, and supervises the
 process for receiving and disbursing County finances as well as maintains complete and accurate
 records of all financial transactions; creates accounts and sub-accounts as needed to monitor
 fund allocations and disbursements; monitors and reviews fund balances; directs or delegates
 the preparation of billings for customer accounts, i.e., rental payments, fines, fees and various
 charges billed to outside agencies.
- Oversees Purchasing Director and ensures compliance with the State Procurement Code.
- Oversees and directs the management of payroll processing and accounting; assures proper
 withholding and payment of state and federal payroll taxes; assures all payroll actions are
 supported by proper documentation and authorization; monitors the creation of various payroll
 reports and reviews for quality and accuracy; directs or delegates the management of various
 employee benefit accounts, i.e., health, life and disability programs; may negotiate with benefit
 vendors to secure desirable premiums and coverage.
- Serves as a member of various staff committees as assigned; provides staff support to various boards and commissions, as assigned.

REVISED ORG CHART

Torrance County Finance Department





Agenda Item No. 12-F

EMPLOYMENT AGREEMENT

THIS AGREEMENT made and entered into this 14th day of October, 2024, by and between Torrance County (hereinafter referred to as "County"), and Misty Witt (hereinafter referred to as "Witt").

WITNESSETH:

WHEREAS, the County desires to obtain the services of a professional manager to serve in the position of Deputy County Manager for the purpose of assisting in the administration and operation of County government; and

WHEREAS, Witt is duly qualified by training and experience to provide such services, NOW THEREFORE, for the consideration stated below, the parties agree as follows:

- 1. **TERM OF EMPLOYMENT:** Witt's employment will be for a term of two (2) years, beginning October 14, 2024, and ending October 14, 2026. This Agreement may be renewed or extended by agreement of the parties.
- 2. **COMPENSATION:** Witt shall receive a minimum annual salary of Ninety Thousand Dollars (\$90,000.00). The County Manager agrees to review Witt's compensation annually, or more often if the County Manager so determines, and may make adjustments to that compensation through County Commission approval.
- 3. **DUTIES AND RESPONSIBILITIES:** Witt shall perform the duties of the position of Deputy County Manager, to conduct the business of the County pursuant to the direction of the Board of County Commissioners (hereinafter referred to as "Board"), and the County Manager. These duties shall include oversight of the Finance Department at a direct managerial level as determined necessary by the County Manager. Witt recognizes that the Board sets the policy and direction of the County through ordinances, resolutions and regulations and

that the role of the Deputy County Manager is to implement all policies set by the Board under the supervision and direction of the County Manager. Witt understands that as Deputy County Manager, she serves at the pleasure of the County Manager.

- 4. **CLASSIFICATION OF POSITION:** Witt shall be considered an appointed employee as defined under the Torrance County Personnel Ordinance. Witt shall be entitled to all privileges and benefits afforded exempt employees under the Torrance County Personnel Ordinance. It is further understood and agreed to by the parties that the terms of the Torrance County Personnel Ordinance are waived and are not applicable to the extent that they are in conflict with the provisions of this paragraph.
- 5. **PROBATIONARY PERIOD:** Witt shall serve a probationary period of six (6) months and may be terminated at any time during the probationary period without cause.
- 6. **EMPLOYEE BENEFITS/INSURANCE:** As an exempt employee, Witt shall be entitled to participate to the same extent as all other full-time exempt County employees in all of the County's employee benefits/insurance programs.
- 7. **P.E.R.A. BENEFITS:** Witt shall be entitled to personal participation in the applicable Public Employees Retirement Association (hereinafter P.E.R.A) plan adopted by the County in accordance with the applicable contribution plan for all full-time exempt County employees, including all changes to such contribution plan duly adopted and approved by the Board.

8. OTHER BENEFITS:

A. <u>Expense Reimbursement:</u> The County shall reimburse Witt for reasonable expenses incurred by her in the performance of her duties under this Agreement. Witt

agrees to provide appropriate documentation for any and all expenses for which she requests reimbursement under this provision.

- B. Professional Memberships and Dues: The County shall pay for Witt's membership in professional societies and associations, and shall also pay fees necessary to maintain any licenses or bonds required for Witt to perform her duties under this Agreement. All such membership dues and fees shall be submitted to and pre-approved or ratified by the County Manager.
- C. Witt shall accrue sick leave in the same manner as full-time exempt employees.
- D. Witt shall accrue 160 hours of annual leave per year. Witt shall be allowed to carry over any existing accrued annual and sick leave from her current County employment.
- E. Witt shall be compensated for all County recognized holidays during each year of this Agreement.
- F. It is further understood and agreed to by Witt and the County that the Torrance County Personnel Policy and any employment rules and regulations are waived and are not applicable to the extent that it is in conflict with the sick leave and annual leave rights set out above.
- 9. **TERMINATION FOR CAUSE:** The County Manager may terminate this Agreement for cause at any time. For purposes of this Agreement, "cause" shall include, but is not limited to: failure to perform her duties to the sole satisfaction of the County Manager; any misconduct or malfeasance; waste or misuse of County assets; fraud; misrepresentation; embezzlement; commission of an act of moral turpitude; or any other good and just cause as

determined by the County Manager. If the County Manager terminates this Agreement for cause, the County Manager shall provide Witt with written notice of the basis for the termination. If the County Manager terminates this Agreement for cause as provided herein, the County shall have no further obligation to Witt, except as provided by law.

- 10. **TERMINATION WITHOUT CAUSE:** Once Witt has satisfactorily completed her probationary period, the County Manager may terminate this Agreement without cause upon thirty (30) days' written notice to Witt. If the County Manager chooses to exercise its right to terminate this Agreement without cause, Witt shall be entitled to receive payment for any accrued, unused annual leave.
- County Manager exercises his/her right to terminate this Agreement without cause, the County agrees to pay Witt a severance payment equal to two (2) month's salary and benefits, the salary to be calculated at her then-current rate of pay, and the benefits shall be equal to the value of benefits she is receiving at the time of the County Manager's decision to terminate the Agreement without cause, including the cost of health insurance. If the County Manager exercises his/her right to terminate this Agreement without cause less than three (3) months prior to the end of the term of this Agreement, the County agrees to pay Witt a severance package including salary and benefits at her then-current rate of pay and the cost of health insurance for the coverage Witt has in place at the time of termination equal to the time remaining in the term of this Agreement. For purposes of this provision, "benefits" shall not include the value of a County vehicle, County cell phone, or any other equipment provided to Witt for her use pursuant to this Agreement. Witt shall cease to accrue sick leave or annual leave following the date that the County Manager gives notice of his/her intent to terminate this Agreement without cause. The payments described herein may be

paid to Witt in a lump sum or in regular bi-monthly or monthly installments at the discretion of the County Manager.

12. **TERMINATION BY WITT:** Witt may terminate this Agreement at any time upon thirty (30) days' written notice to the County Manager. In the event that Witt chooses to exercise her right to terminate this Agreement as provided herein, she agrees to cooperate fully with the County in making the transition to her successor or interim successor during the notice period. Upon termination by Witt, she shall be entitled to receive payment for any accrued, unused annual leave according to the County's Personnel Rules and Regulations.

13. WAIVER OR BREACH OF AGREEMENT: If either party waives a breach of this Agreement by the other party, that waiver shall not operate or be construed as a waiver of later similar breaches.

14. **AGREEMENT BINDING ON COUNTY'S SUCCESSORS**: The County's rights and obligations under this Agreement will inure to the benefit of and be binding upon its successors.

15. **NON-APPROPRIATIONS:** The terms of this Agreement are subject to the approval and existence of adequate funding by the County.

16. **NOTICES:** All notices under this Agreement shall be mailed and emailed to the parties hereto at the following respective address:

County

Employee

J. Jordan Barela PO Box 48 Estancia, NM 87016

Misty M. Witt 30 Lynch Trail Edgewood, NM 87015

Email: jibarela@tcnm.us

Email: mmwfamily04@gmail.com

17. **POLITICAL CONTRIBUTION/SOLICITATION PROHIBITED:** Witt shall not, under any circumstances, knowingly or intentionally solicit vendors or any County employee for a political contribution on behalf of any individual or any political cause.

18. **SEVERABILITY:** The invalidity or unenforceability of any provisions of this Agreement shall not affect the other provisions, and this Agreement shall be construed in all respects as if any invalid or unenforceable provisions were omitted.

19. **ENTIRE AGREEMENT:** This document constitutes the entire Agreement between the parties relating to the subject matter herein. This Agreement may only be amended in writing by a document signed by both parties. No oral agreement or promise shall have any effect on the terms of this Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on this 11th day of October, 2023, in Torrance County, New Mexico.

EMPLOYEE	TORRANCE COUNTY
Misty M. Witt	 J. Jordan Barela Torrance County Manager
	CONCURRENCE
	Ryan Schwebach, Chair, District 2
	Kevin McCall, Vice Chair, District 1
	Samuel D. Schropp, Member, District 3

APPROVED AS TO FORM ONLY
Michael I. Garcia, County Attorney
ATTEST:
Linda Jaramillo, County Clerk



Agenda Item No. 13-A

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to

QUITCLAIM DEED

P-1298-

McIntosh Senior Citizens, Inc. a New Mexico non-profit corporation Torrance County

for consideration paid, quitelaim

whose address is P.O. Box 48
Estancia, NM 87016

the following described real estate in

County, New Mexico.

"See attached Exhibit "A" for legal description".

Subject to reservations, restrictions, easements of record.

Subject to a covenant that for as long as there is a Senior Citizen Program in existence, the property be used by Torrance County, its sucessors or assignee, as a Senior Citizen Center.

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Lot Rine (9) of ASTELOPE SPRINGS PARCLES, according to book 2, of Haps, page one, filed January 27, 1961, records of Torrance County, Bew Mexico, Tying within the SE L of Section 1, Township 7 Borth, Range 8 East, Torrance County, Rey Mexico.

EXCLPT that portion described as follows:

Commencing at the EE corner of said Section 1; thence W 1320 feet; thence N 30 feet to the truepoint of beginning; thence W 418 feet; thence N 209 feet; thence E.418 feet; thence S 209 feet to the true point of beginning, and

EXCLPT any portion lying within "one square acre off of the SE corner of the S b of the W b of the SE b of Section 1, Township 7 North, Range 8 Fast" as described in deed recorded in Book 11, page 356, records of said County, and

EXCEPT the rights of the New Mexico State Highway Department in and to a atrip of land 200 feet wide lying 100 feet on each side of and parallel with the following described centerline:

BEGINNING at a point on the North line of said Section 1 from which the N & corner bears E; a distance of 39 feet; thence S 00 deg. 59' W, along said centerline, 5341.8 feet to Engineer Station 2118 + 62 in the S line of said Section 1, as described in deed recorded in Book 214 of Deeds, page 192, records of said County.

AND EXCEPT

A Certain tract of land being a portion of Lot Nine (9), ANTELOPE SPRINGS RANCHES SURDIVISION, within the Southeast quarter of Section 1, Township 7 North, Range 8 East, N.M.P.M., Torrance County, New Mexico, as the same is, shown and designated on the plat of said Subdivision, filed in the office of the County Clerk of Torrance County, New Mexico, on January 27, 1961, said portion being more particularly described as follows:

BrGIMING at the Southwest corner of said Let 9, being a point of beginning of the tract herein described, thence N 00 deg. 01':00%N, 209.0 feet; thence N 89 deg. 56' 15" E, 217.82 feet; thence S 00 deg. 00' 15" E, 209.0 feet; thence S 89 deg. 56' 15" W, 217.78 feet to the point of beginning and containing 1.045 acres, more or Icss.

We, The Trustees of the First Clurch of lod in McIntosn, with the uninthous consent of the convegration; are sorely authorized to so the above described property to the McIntosh Sentor Citizens, Inc.

Signod:

microphotographic images of authorized documents Certification Plaque AII

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	A Tract of land situace within Lot numbered Nine (9), in Section One (1), Yourship Seven (7) Worth. Range Hight (8) East. S.M.P.M., more p. circlarly described as follows:	
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Agenda Item No. 13-B



Agenda Item No. 13-C



Agenda Item
No. 13-D







