eInvoice Juvenile

Maricopa County shall not pay any claim unless demand for payment is made within six months after the last item of the account accrues. Arizona Revised Statute §11-622.

Date Submitted:	

Payee:	Vendor Number:	E-mail Address:
Invoice Number:	**Attorney Office Phone Number:**	**Attorney Cell Phone Number:**

Client Name: (Last Name, First Name)	Case Number:
,	
Date of Appointment:	**Hours to Date:**

Service Provided	Hrs./Units Billed:	Services Total:
		$ 0.00

Other Expenses Description:	Other Expenses Total:
	$ 0.00

By submitting this electronic invoice, I hereby solemnly swear that the accompanying is a just statement of account against Maricopa County; that the work and labor specified herein have been performed; that the services stated herein have been rendered; that the expenses set forth hererin have been incurred; that the same has not been paid and that no claim against Maricopa County has been made previously.

Invoice Total: $ 0.00

Submit Juvenile eInvoice

OCC Administration Only

Purchase Order #:	Fund:	Agency:	Low Org.:	Activity:	Object:	Sub Obj.:	Reporting Cat.
	100	560	5673				

Alternate Invoice #:	Payment Memo:	Approved Total:
		$ 0.00

Accounting Specialist Comments:	Accounting Specialist:	To Director
		To Manager

Approval Comments:	Approving Authority:

Director Appv'd | Director Denied | Manager Appv'd | Manager Denied