

eInvoice Capital Mitigation Specialist

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

Date Submitted:	
Invoice Number:	
Payee:	
Vendor Number:	
Email Address:	
Client Name:	
Case Number:	
Counsel Name:	
Has Counsel Approved this Invoice:	

BILLING CYCLE

Start Date:	
End Date:	
Mitigation Services Hours Billed:	
Hourly Fee Total:	

OTHER EXPENSES

Description of Other Expenses:	
Total Cost of Other Expenses:	

TOTAL INVOICE AMOUNT

Hourly Fee Total + Other Expenses:	
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By entering my initials below I hereby solemnly swear that the accompanying Itemized Statement of Hours is a just statement of account against Maricopa County; that the work, labor, and services stated therein have been performed; that the expenses stated therein have been incurred; that the same has not been paid and that no claim against Maricopa County for any of these items has been previously made.

Initials:	
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SAVE FORM and EMAIL 1) Form 2) Itemized Statement of Hours, and 3) Supporting Documentation (Counsel's Approval, Jail Slips, Receipts, Etc.) TO:
adultinvoice@mail.maricopa.gov