

## eInvoice Investigator

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

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

### BILLING CYCLE

<b>Start Date:</b>	
<b>End Date:</b>	
<b>Investigative Services Hours Billed:</b>	
<b>Hourly Fee Total:</b>	

### OTHER EXPENSES

<b>Description of Other Expenses:</b>	
<b>Total Cost of Other Expenses:</b>	

### TOTAL INVOICE AMOUNT

<b>Hourly Fee Total + Other Expenses:</b>	
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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.

<b>Initials:</b>	
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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