

# CLAIM AGAINST PIMA COUNTY, ARIZONA

Invoice \_\_\_\_\_ NAME: \_\_\_\_\_ TIN: \_\_\_\_\_

Date Invoice \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Amount \_\_\_\_\_ Mailing Instructions: \_\_\_\_\_

GUARDIANSHIP OF:

No. \_\_\_\_\_

**PAY ORDER**

Judge: \_\_\_\_\_

IT IS ORDERED that the Pima County Finance Director pay to \_\_\_\_\_

\_\_\_\_\_ the sum of \$ \_\_\_\_\_

## GUARDIANSHIP

Court Appointed Investigator (\$35/hr) \_\_\_\_\_

Court Appointed Attorney (\$75/hr) \_\_\_\_\_

Other \_\_\_\_\_

Number of miles \_\_\_\_\_

Copies \_\_\_\_\_

Postage \_\_\_\_\_

**Total Invoice** \_\_\_\_\_

SERVICE PROVIDER

DATE

SUPERIOR COURT JUDGE

DATE

FOR FINANCE DEPARTMENT USE ONLY

Audited By \_\_\_\_\_ Pay Entity \_\_\_\_\_

Approved By \_\_\_\_\_ Vendor # \_\_\_\_\_

Due Date \_\_\_\_\_ Model # \_\_\_\_\_

COUNTY DEPARTMENT CERTIFICATION

I have examined this demand; expenditure is for a valid public purpose and funds have been appropriated or are otherwise available for payment of this demand; and if the funds are from a Federal grant, contract or source, this demand is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby approved.

**APPROVED BY DEPARTMENT DIRECTOR/DESIGNATED AUTHORITY**

**INSTRUCTIONS:** Complete one pay order for each case for fees and costs as shown. This form must be submitted in **triplicate**. Original goes to Court file; copies to Court Administration.

Signature

Date

# CLAIM AGAINST PIMA COUNTY, ARIZONA

Invoice \_\_\_\_\_ NAME: \_\_\_\_\_ TIN: \_\_\_\_\_

Date Invoice \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Amount \_\_\_\_\_ Mailing Instructions: \_\_\_\_\_

GUARDIANSHIP OF:

No. \_\_\_\_\_

**PAY ORDER**

Judge: \_\_\_\_\_

IT IS ORDERED that the Pima County Finance Director pay to \_\_\_\_\_

\_\_\_\_\_ the sum of \$ \_\_\_\_\_

## GUARDIANSHIP

Court Appointed Investigator (\$35/hr) \_\_\_\_\_

Court Appointed Attorney (\$75/hr) \_\_\_\_\_

Other \_\_\_\_\_

Number of miles \_\_\_\_\_

Copies \_\_\_\_\_

Postage \_\_\_\_\_

**Total Invoice** \_\_\_\_\_

SERVICE PROVIDER

DATE

SUPERIOR COURT JUDGE

DATE

### FOR FINANCE DEPARTMENT USE ONLY

Audited By \_\_\_\_\_ Pay Entity \_\_\_\_\_

Approved By \_\_\_\_\_ Vendor # \_\_\_\_\_

Due Date \_\_\_\_\_ Model # \_\_\_\_\_

### COUNTY DEPARTMENT CERTIFICATION

I have examined this demand; expenditure is for a valid public purpose and funds have been appropriated or are otherwise available for payment of this demand; and if the funds are from a Federal grant, contract or source, this demand is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby approved.

**APPROVED BY DEPARTMENT DIRECTOR/DESIGNATED AUTHORITY**

**INSTRUCTIONS:** Complete one pay order for each case for fees and costs as shown. This form must be submitted in **triplicate**. Original goes to Court file; copies to Court Administration.

Signature

Date

# CLAIM AGAINST PIMA COUNTY, ARIZONA

Invoice \_\_\_\_\_ NAME: \_\_\_\_\_ TIN: \_\_\_\_\_

Date Invoice \_\_\_\_\_ ADDRESS: \_\_\_\_\_

Amount \_\_\_\_\_ Mailing Instructions: \_\_\_\_\_

GUARDIANSHIP OF:

No. \_\_\_\_\_

**PAY ORDER**

Judge: \_\_\_\_\_

IT IS ORDERED that the Pima County Finance Director pay to \_\_\_\_\_

\_\_\_\_\_ the sum of \$ \_\_\_\_\_

## GUARDIANSHIP

Court Appointed Investigator (\$35/hr) \_\_\_\_\_

Court Appointed Attorney (\$75/hr) \_\_\_\_\_

Other \_\_\_\_\_

Number of miles \_\_\_\_\_

Copies \_\_\_\_\_

Postage \_\_\_\_\_

**Total Invoice** \_\_\_\_\_

SERVICE PROVIDER

DATE

SUPERIOR COURT JUDGE

DATE

### FOR FINANCE DEPARTMENT USE ONLY

Audited By \_\_\_\_\_ Pay Entity \_\_\_\_\_

Approved By \_\_\_\_\_ Vendor # \_\_\_\_\_

Due Date \_\_\_\_\_ Model # \_\_\_\_\_

### COUNTY DEPARTMENT CERTIFICATION

I have examined this demand; expenditure is for a valid public purpose and funds have been appropriated or are otherwise available for payment of this demand; and if the funds are from a Federal grant, contract or source, this demand is allowable under the terms of such grant, contract or source; and payment of the amount claimed is hereby approved.

**APPROVED BY DEPARTMENT DIRECTOR/DESIGNATED AUTHORITY**

**INSTRUCTIONS:** Complete one pay order for each case for fees and costs as shown. This form must be submitted in **triplicate**. Original goes to Court file; copies to Court Administration.

Signature \_\_\_\_\_

Date \_\_\_\_\_