

**INVOICE IN SUPPORT OF REQUEST FOR WARRANT
SUPERIOR COURT OF ARIZONA, MARICOPA COUNTY**

Arbitrator

Name: _____

Date: _____

Address: _____

Bar No. _____

Phone Number: _____

Vendor No. _____

To obtain a vendor number please log on to:
www.maricopa.gov/finance/vendors.aspx
You must have a vendor number for your claim to be processed.

ARBITRATION CASE NUMBER: _____

Date(s) of hearing(s) Time expended on Substantive issues	DESCRIPTION OF SERVICES (Itemized Statement of Expense Required)	AMOUNT (\$75.00 per day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I do solemnly swear that the accompanying is a just statement of account against the Superior Court; that the work and labor specified therein have been performed; that the services stated therein have been rendered; that the expenses set forth therein have been incurred; that the same has not been paid; and that no claim against the Superior Court has before been made therefore.

MARICOPA COUNTY CANNOT CONSIDER ANY CLAIM UNLESS SUBMITTED WITHIN SIX MONTHS AFTER THE ACCOUNT ACCURES. A.R.S. § 11-622.

ASSIGNMENT: For value received, I hereby assign this claim to:

Payable To:

Entity: _____

Tax ID No: _____

Original Signature of Arbitrator

Court Approval

Mail completed form to: Arbitration Department, 201 West Jefferson, 4th Floor, Phoenix AZ 85003

NOTE: IF YOU ARE AN EMPLOYEE OF MARICOPA COUNTY, YOUR SIGNATURE AS PAYEE IS VERIFICATION THAT VACATION AND /OR COMPENSATORY TIME WAS TAKEN WHEN SERVICES WERE RENDERED.