Invoice Date:_____

Page ___ of ____
(page #'s required)

Contract No.:_____

INVOICE

Arizona Supreme Court / Administrative Office of the Courts / Juvenile Justice Services Division

No.:

Contractor Name:	Address:	City:	State:	Zip Code:	Phone Number:

Block	Funding Source:	County	Service Code	Service Month
Yes ◯ No ◯	JTSF ◯ Diversion ◯ Transferred Youth ◯	Maricopa		January

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
Title IV-E? *	Dates of Service	Child's Name (Last, First)	SWID # (7 digits)	Juvenile File # (Maricopa Referrals ONLY)	SAF # (Maricopa Referrals Only)	CHILDS #	Rate Per Unit	AOC Share Pay *Check if YES	Units of Service	Total Cost
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00
Yes ◯ No ◯								Yes ☐		$ 0.00

I hereby certify that services have been provided to the children listed above as described on this invoice in accordance with the relevant contract and service authorization, that I have examined this invoice, and that all amounts are correct.

_____ _____
Contractor Signature Date

I hereby certify that I have examined and compared this invoice to the relevant contract and service authorization; that all services invoiced and amounts are correct, and this expenditure is for valid public purpose.

_____ _____
Authorized Juvenile Court Signature Date

Clear Form

Special Expenses: (L) Personal Allow 061: (M) Clothing Allow 062: (N) Special Allow 063:	Child's Name (last/first) (C)	SWID # (7 digits) (D)	Rate Per Unit/ Special Expense Amount (H,L,M,N) – indicate 061, 062, 063	AOC Share Pay *Check if YES	Units of Service (J)	(Subtotal)
				Yes ☐		$ $ 0.00

I hereby certify that I have examined this invoice, that all amounts to be invoiced are correct, that this expenditure is for valid public purpose, and that payment of the amount invoiced is hereby approved.

_____ _____
Authorized Supreme Court Signature Date

Collections:	$
Penalties:	$
TOTALS	$
INVOICE AMOUNT:	$

11/22/2019