

DATE: _____
 NAME: _____
 ADDRESS/ZIP: _____
 PHONE#: _____

CONTRACT DATE: _____
 P. O. NUMBER: _____
 CHECK NUMBER: _____

ITEMIZED INVOICE, COMPENSATION CLAIM FOR SERVICES, GOODS OR EXPENSES

TO: **FLOWING WELLS SCHOOLS** DEPARTMENT: _____
1556 W PRINCE ROAD SCHOOL: _____
TUCSON, AZ 85705

| DATE | CODE | DESCRIPTION OF SERVICES | AMOUNT DUE |
|--|------|-------------------------|------------|
| | | | |
| | | | |
| | | | |
| I hereby certify that the above claim for services, goods or expenses is due and unpaid. | | | TOTAL |

 (Signature of Claimant) (Approved by)
 MARCH 2010 9-FW30120

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