

**MARICOPA COUNTY COMMUNITY COLLEGE DISTRICT**

**DATE:**

**TO:**

**FROM:           ACCOUNTS PAYABLE**

**SUBJECT:        RECEIPT of SERVICES**

**Please have this receipt signed as positive evidence of services rendered and return to A/P in support of payment made. *(Must be signed by Maricopa employee.)***

**Amount of \$\_\_\_\_\_ was paid to \_\_\_\_\_**

**Purchase Order # \_\_\_\_\_**

\_\_\_\_\_  
**Confirmation Signature           Date**