**U.S. District Court - NDCA**

**INTERPRETER INVOICE (REV. 1/23/19)**

Original to be submitted within 30 days of date of service

**DO NOT ENTER INFORMATION IN SHADED AREAS**

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| **Interpreter Name (please print):** | **Court Unit: DISTRICT** |
| **Service Date:**  | **Service Location:**  | **Language:** |

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| --- | --- | --- | --- |
| **Judge or Officer Name** | **Case # & Name** | **Judge or Officer Name** | **Case # & Name** |
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| 1. **Interpreter Fee**
 | **Fee(s)** |
| **Time Hired**  | (Check Box) | * 8:30AM -12:30PM
 | * 1:00PM -5:00PM
 | * 8:30AM-5:00PM
 | $ |
| **Overtime** **and/or** **Alternative Schedule** | HireStart Time: | \_\_\_\_:\_\_\_\_ a.m. p.m. | HireEnd Time: | \_\_\_\_:\_\_\_\_ a.m. p.m. | TotalRegular Hours:\_\_\_\_\_\_\_\_\_\_ | Flat Rate or Rate/Hour:$\_\_\_\_\_\_\_\_\_\_ | $ |
| OvertimeStart Time: | \_\_\_\_:\_\_\_\_ a.m. p.m. | OvertimeEnd Time: | \_\_\_\_:\_\_\_\_ a.m. p.m. | Total Overtime Hours:\_\_\_\_\_\_\_\_\_\_ | Overtime Rate/Hour:$\_\_\_\_\_\_\_\_\_\_ | $ |
| **(A)Total Fees** | **$** |

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| 1. **Authorized Travel Expenses**
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| **Mileage**(Travel exceeding 10 miles one-way from home to court) | **Departure** **(Home to Service Location)** | **Arrival****(Service Location)** | **Departure** **(Service Location to Home)** | **Arrival** **(Home)** |  |
| City: | City: | City:  | City: |
| \_\_\_\_\_:\_\_\_\_ a.m./p.m. | \_\_\_\_\_:\_\_\_\_ a.m./p.m. | \_\_\_\_\_:\_\_\_\_ a.m./p.m. | \_\_\_\_\_:\_\_\_\_ a.m./p.m. |
| Total Miles Traveled:\_\_\_\_\_\_\_\_\_\_\_\_ miles | $0.58 per mile(AO rate as of 1/1/19) | Enter total miles traveled x $0.58/mile  | $ + |
| **Other Authorized Expenses** (Parking, tolls, bus, miscellaneous)  | Do not include expenses claimed if submitting Extraordinary Expense Report (C). | Parking: | $ \_\_\_\_\_\_\_\_\_  |  |
| Bridge Tolls: | $ \_\_\_\_\_\_\_\_\_  |
| Public Transportation: | $ \_\_\_\_\_\_\_\_\_  |
| Miscellaneous: | $ \_\_\_\_\_\_\_\_\_  |
| Enter total parking, bridge tolls, public transportation and miscellaneous expenses | $ + |
| **Travel Time:** (Only if authorized) | Total Travel Time Hours: \_\_\_\_\_\_\_\_\_\_\_ | Travel Time Rate/Hour:$\_\_\_\_\_\_\_\_\_\_\_ | Enter total travel time hours x travel time rate/hour | $ + |
| **(B)Total Travel Expenses Claimed**  | **$** |

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| 1. **Authorized Extraordinary Expenses**
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| Attach Interpreter Extraordinary Expense Report(C) authorized expenses related to airfare, hotel, meals & incidental expenses.Enter “Total Claimed” from Interpreter Extraordinary Expense Report (C) |  |
| **(C)Total Extraordinary Expenses Claimed** | **$** |

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| --- | --- |
| **Grand Total = (A) Fee + (B) Expenses + (C) Extraordinary Expenses** | **$** |

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| CertificationI hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms & Conditions, and that no other federal court unit, FPD, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service or travel expenses.  |
| Date: |  | Interpreter’s Signature: |  |

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| For Official Use OnlyI certify the above services were received and total claimed is proper for payment. |
| Date: |  | Interpreter Coordinator: |  |
| Date: |  | Certifying Officer: |  |
| PR: |  | Voucher: |  |