

U.S. District Court - NDCA
INTERPRETER INVOICE (REV. 1/1/2024)

Original to be submitted within 30 days of date of service

DO NOT ENTER INFORMATION IN SHADED AREAS

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

Judge or Officer Name	Case # & Name	Judge or Officer Name	Case # & Name

(A) Interpreter Fee

Fee(s)

Time Hired	(Check Box) <input type="checkbox"/> 8:30AM -12:30PM <input type="checkbox"/> 1:00PM -5:00PM <input type="checkbox"/> 8:30AM-5:00PM						\$
Overtime and/or Alternative Schedule	Hire Start Time:	_____ a.m. _____ p.m.	Hire End Time:	_____ a.m. _____ p.m.	Total Regular Hours:	Flat Rate or Rate/Hour: \$ _____	\$
	Overtime Start Time:	_____ a.m. _____ p.m.	Overtime End Time:	_____ a.m. _____ p.m.	Total Overtime Hours:	Overtime Rate/Hour: \$ _____	\$
(A)Total Fees							\$

(B) Authorized Travel Expenses

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	\$0.67 per mile (AO rate as of 1/1/24)	Enter total miles traveled x \$0.67/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					\$

(C) Authorized Extraordinary Expenses

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	

\$

Grand Total = (A) Fee + (B) Expenses + (C) Extraordinary Expenses

\$

Certification

I 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: _____

For Official Use Only

I certify the above services were received and total claimed is proper for payment.

Date: _____ Interpreter Coordinator: _____

Date: _____ Certifying Officer: _____

PR: _____ Voucher: _____