



COURT INTERPRETER INVOICE

Invoice No.: _____

PR No.: _____

Interpreter: _____

SS# or EID (last 4 digits only): _____

Address: _____ (City/State) _____ Zip Code _____

is hereby authorized to perform the following interpreting assignments in Spanish Creole Other: _____

Check will be made out to above mentioned interpreter unless indicated as follows: _____

Date Year 20__	Judge	In -Court Hours		Case No.	Deft and/or witness	Location	Travel Times		No. of Miles r/t (outside Miami only)	Mileage Rate _____ (miles x rate)	Fee (Full or half day)	Tolls	Parking	Overtime # hrs x rate	Total for day
		From	To				Start	End							

Totals							
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Total amount claimed: _____

CERTIFICATION: I hereby certify I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, 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, cancellation or travel expenses.

Date: _____

Signature of Interpreter: _____

Approved for payment: _____

Date: _____

Supervisory Interpreter