



**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF GEORGIA  
CONTRACT COURT INTERPRETER INVOICE**

LF011 Rev: 01/2021

| Interpreter Information |                | Case Information     |
|-------------------------|----------------|----------------------|
| Interpreter:            |                | USA vs.              |
| Certified:              | Non-Certified: | Case#:               |
| Language:               |                | Presiding Judge:     |
| Tax ID# of SS#:         |                | Requestor:           |
| Phone# or Email:        |                | *Type of Proceeding: |
| Address:                |                |                      |

\*Type of Proceeding: Initial Appearance, Preliminary Hearing, Arraignment, Trial, Sentencing, Pretrial/Probation Interview, etc.

| Itemization of Fees and Other Costs       |                       |     |       |      |         |      |       |         |                |            |
|---|-----------------------|-----|-------|------|---------|------|-------|---------|----------------|------------|
| Date                                      | Service & Travel Time |     |       | *Fee | Mileage |      |       | Parking | **Other Travel | Total Cost |
|   | Begin                 | End | Hours |      | Miles   | Rate | Total |         |                |            |
|   |                       |     |       |      |         |      |       |         |                |            |
|   |                       |     |       |      |         |      |       |         |                |            |
|   |                       |     |       |      |         |      |       |         |                |            |
|   |                       |     |       |      |         |      |       |         |                |            |
|   |                       |     |       |      |         |      |       |         |                |            |
|   |                       |     |       |      |         |      |       |         |                |            |
| Explanation for any adjustments:          |                       |     |       |      |         |      |       |         |                |            |
| <b>Total Amount Certified for Payment</b> |                       |     |       |      |         |      |       |         |                |            |

\*Fee: Half Day Rate for service & travel time up to 4hrs. Full Day Rate for service & travel time in excess of 4hrs. Meal periods excluded.  
 \*\*Other Travel: Airfare, Hotel, Taxi, Per Diem, etc. Itemize all travel costs on a separate sheet of paper. Attach all receipts for lodging and any other authorized expense of more than \$25 for which reimbursement is sought (unless otherwise directed by the Court).

| Travel Information             |           |               |
|--------------------------------|-----------|---------------|
| Location of Service:           | In-Court: | Out-of-Court: |
| Departure Address:             |           | Time:         |
| Arrival Address:               |           | Time:         |
| Departure Address:             |           | Time:         |
| Arrival Address:               |           | Time:         |
| Explanation for any deviation: |           |               |

| Certification   |               |
|---|---------------|
| I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract. |               |
| _____<br>Signature of Interpreter (Payee)   | _____<br>Date |

| Interpreter Services Received   |               |
|---|---------------|
| _____<br>Signature of Courtroom Deputy (In-Court) or Probation Officer (Out-of-Court) | _____<br>Date |

| CONTRACTING OFFICER APPROVAL (USDC-NDGA ONLY) |      |
|---|------|
| Signature:                                    | Date |
| Acct Template:                                | \$   |
| Acct Template:                                | \$   |
| AW2:  | GPC: |

Invoices and necessary receipts shall be submitted within 30 days of the performance of services to:  
 2211 United States Courthouse / Attn: Budget & Procurement / 75 Ted Turner Drive S.W. / Atlanta, GA 30303-3309  
 Claims are subject to verification by the court