



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

| Interpreter Information |                | Case Information   |
|-------------------------|----------------|--|
| Interpreter:            |                | USA vs.  |
| Certified:              | Non-Certified: | Case#:   |
| Language:               |                | Presiding Judge:   |
| Tax ID# or SS#:         |                | Requestor:   |
| Phone# or Email:        |                | *Type of Proceeding:   |
| Address:                |                | Probation Officer Signature (If Pretrial/Probation Interview): |

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

| Itemization of Fees and Other Costs       |                       |     |     |      |         |      |       |         |         |            |
|---|-----------------------|-----|-----|------|---------|------|-------|---------|---------|------------|
| Date                                      | Travel & Service Time |     |     | *Fee | Mileage |      |       | Parking | **Other | Total Cost |
|   | Begin                 | End | Hrs |      | 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 travel & service time in excess of 4hrs; meal periods excluded.

\*\*Other: Tolls, Travel (Airfare/Hotel), Per Diem, etc. Itemize travel and per diem costs on a separate sheet of paper. Attach all receipts.

| 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 Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization, or other attorney or entity obtaining interpreting services under the CIA, or 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. |               |
| _____<br>Signature of Interpreter (Payee)  | _____<br>Date |

| Approved For Payment                  |               |
|---------------------------------------|---------------|
| _____<br>Signature of Presiding Judge | _____<br>Date |

| APPROVED FOR PAYMENT (USDC ONLY) |      |
|----------------------------------|------|
| Signature:                       | Date |
| Acct Template:                   | \$   |
| Acct Template:                   | \$   |
| PR#/PO#:                         | P2#: |

Invoices and necessary receipts shall be submitted within 30 days of service to:  
2211 United States Courthouse / Attn: Budget & Procurement / 75 Ted Turner Drive SW / Atlanta, GA  
30309-3309 Claims are subject to verification by the court