

**U.S. District Court for the Southern District of Indiana  
Court Interpreter Services  
INVOICE**

Social Security No./Taxpayer ID No. \_\_\_\_\_

Contract/BPA No. \_\_\_\_\_  
(The Contract No. is contained in Box 3 of the "Requisition for Supplies or Service" form - **NOT APPLICABLE TO CJA INTERPRETERS.**)

Name of Interpreter: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No(s): \_\_\_\_\_

<b>Services Provided for U.S. District Court:</b>  <b>Language Provided:</b>	<input type="checkbox"/> In Court <input type="checkbox"/> CJA  <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____
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Description of Services:

<i>Date</i>	<i>Start Time</i>	<i>End Time</i>	<i>Cause No. &amp; Defendant's Name</i>	<i>Amount Claimed</i>	<i>*Parking Expenses Claimed</i>	<i>*Mileage Claimed</i> (No. of Miles _____ x \$.56/mi. = _____)	<i>Total</i>
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
<b>NOTE: Mileage, parking, and similar expenses are <u>not</u> reimbursed when the contract court interpreter's residence is less than thirty (30) miles from the court location.</b>							\$
<b>SUBTOTAL:</b>							\$
<b>ADDITIONAL TRAVEL EXPENSES:</b> (Insert amount in the adjacent column from the Additional Travel Expense Form. <b>NOTE: The Additional Travel Expense Form MUST be attached, along with any hotel receipt and/or other associated expenses greater than \$25.</b> )							\$
<b>TOTAL AMOUNT CLAIMED:</b>							\$

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, U. S. Probation Office, Federal Public Defender, Community Defender Organization, other attorneys or entity obtaining interpreting services under the CJA, 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 or travel expense. I further certify that any claim for reimbursement of travel expenses is true and correct to the best of my knowledge and belief.

Date \_\_\_\_\_

\_\_\_\_\_  
Interpreter's Signature

**NOTE:** Falsification of an item in an expense account causes a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).

## Please ensure the following documents are attached prior to submission of this invoice:

- **Written Request for Services (*Not Applicable to CJA Interpreters*)**
- **Itemized Travel Dates/Expenses (if any)**
- **Travel Receipts (any hotel receipt and other authorized expense greater than \$25)**

### *For Court Use Only*

**Federal Certification**

**Professionally Qualified**

**Language Skilled**

## ADDITIONAL TRAVEL EXPENSES FORM

<b>INTERPRETER'S NAME:</b>	<b>DATE:</b>
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**TRAVEL RELATED CLAIMS MUST CONTAIN THE FOLLOWING INFORMATION:**

<i>Date</i>	<i>Departure Time from Residence</i>	<i>Arrival Time at Court Destination</i>	<i>Departure Time from Court Location</i>	<i>Arrival Time at Residence at the End of Travel</i>

**Instructions To The Interpreter:**

- (a) - (c) Itemize the total cost of each meal (including tax and tips) from your actual receipts.
- (d) Itemize daily lodging expense.
- (e) Itemize other expenses such as hotel taxes.
- (f) Calculate total across for each day.

	<b>ITEMIZED TRAVEL EXPENSES</b>						
	<b>Meals (Actual Expenses)</b>			Lodging (d)	Other (e)	Description (for "Other" column (e) items, i.e. parking, baggage handling and other items)	<b>TOTAL</b> (f)
	Breakfast (a)	Lunch (b)	Dinner (c)				
<b>Example:</b> 10/1/13	5.50	8.75	18.25	95.00	15.47	Indianapolis Lodging Rate and Hotel Taxes	\$142.97
<b>TOTAL:</b> (Please transfer the "Total" amount in Column "f" to the "Additional Travel Expenses" box on the Court Interpreter Services "Invoice.")							\$