

**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): _____

Services Provided for U.S. District Court:	ÿ In Court
	ÿ CJA
Language Provided:	ÿ Spanish
	ÿ Other (specify) _____

Description of Services:							
Date	Start Time	End Time	Cause No. & Defendant's Name	Amount Claimed	*Parking Expenses Claimed	*Mileage Claimed (No. of Miles _____ x \$.575/mi. = _____)	Total
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
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.							\$
SUBTOTAL:							\$
ADDITIONAL TRAVEL EXPENSES: (Insert amount in the adjacent column from the Additional Travel Expense Form. NOTE: The Additional Travel Expense Form MUST be attached, along with any hotel receipt and/or other associated expenses greater than \$25.							\$
TOTAL AMOUNT CLAIMED:							\$

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.

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

INTERPRETER'S NAME:	DATE:
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TRAVEL RELATED CLAIMS MUST CONTAIN THE FOLLOWING INFORMATION:

Date	Departure Time from Residence	Arrival Time at Court Destination	Departure Time from Court Location	Arrival Time at Residence at the End of Travel

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.

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