

**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 "Order for Supplies or Service" form - **NOT APPLICABLE TO CJA INTERPRETERS.**)*

Name of Interpreter: _____

Mailing Address: _____

Telephone No(s): _____

Services Provided for (check one box): Court CJA

Language Provided: Spanish

Other (specify) _____

Description of Services

<i>Date</i>	<i>Start Time</i>	<i>End Time</i>	<i>Court Case No. & Defendant's Name</i>	<i>Amount Claimed</i>	<i>*Parking Expenses Claimed</i>	<i>*Mileage Claimed</i> No. of Miles _____ x \$.545/mi. = _____	<i>Total</i>
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
<p>* 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.</p>							<p>SUBTOTAL: \$</p>
<p align="center">ITEMIZED TRAVEL EXPENSES FROM PAGE 3: <i>(Insert amount in the adjacent column from the Additional Travel Expense Form.)</i></p> <p>NOTE: The Additional Travel Expense Form MUST be attached, along with any hotel receipt, meal receipt, and/or other associated expenses.</p>							<p>\$</p>
<p align="right">TOTAL AMOUNT CLAIMED:</p>							<p>\$</p>

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; id. 1001).

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

- **Written Request for Services (*Not Applicable to CIA Interpreters*)**
- **Itemized Travel Dates/Expenses (if any)**
- **Travel Receipts (any hotel receipt, meal receipt, or receipt(s) for any other authorized expense)**

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:

<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.

DATE	ITEMIZED TRAVEL EXPENSES						TOTAL
	Meals (Actual Expenses-include receipt(s) for each meal claimed)			Lodging	Other	Description	
	Breakfast (a)	Lunch (b)	Dinner (c)	(d)	(e)	(for "Other" column (e) items, i.e. parking, baggage handling and other items)	
Example: 10/1/17	5.50	8.75	18.25	119.00	20.23	Indianapolis Lodging Rate and Hotel Taxes	171.73
TOTAL: (Please transfer the "Total" amount in Column "f" to the "Additional Travel Expenses" box on the Court Interpreter Services "Invoice.")							\$