

**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. &amp; Defendant's Name</i>	<i>Amount Claimed</i>	<i>*Parking Expenses Claimed</i>	<i>*Mileage Claimed</i> No. of Miles _____ x \$.725/mi. = _____	<i>Total</i>
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
				\$	\$	\$	\$
* Mileage, parking, and similar expenses are <u>not</u> reimbursed when the contract court interpreter's residence is less than <b>thirty (30) miles</b> from the court location.							\$
<b>SUBTOTAL:</b>							\$
<b>ITEMIZED TRAVEL EXPENSES FROM PAGE 3:</b> (Insert amount in the adjacent column from the Additional Travel Expense Form.) NOTE: The Additional Travel Expense Form <b>MUST</b> be attached, along with any hotel receipt, meal receipt, and/or other associated expenses.							\$
<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 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 CJA 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

<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.

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)	(f)
Example: 10/1/2024	20.00	22.00	38.00	133.00	22.61	Indianapolis Lodging Rate and Hotel Taxes	\$235.61
<b>TOTAL:</b> (Please transfer the "Total" amount in Column "f" to the "Additional Travel Expenses" box on the Court Interpreter Services "Invoice.")							\$