| Contract C U.S. Distric | | • | | | Invoice # | | | |
|------------------------------------|-----------------------------|---|-----------------------------|------------------------------------|--------------------|----------------------------|-------------------------------------|---|
| Interpreter na | ame: | | | TIN/SSN: | | | | |
| Address: | | | | Phone: | | | | |
| _anguage: | | □ C | ertified 🗆 | Professiona | ally Qualified 🗆 L | _anguage | Skilled | |
| ocation of A | ssignment | :: □ Louisvill | e 🗆 Paduca | h □ BG □ Ov | vensboro 🗆 Ft. Kn | ox/Camp | bell | |
| ****** | ·***** | ****** | ***** | ****** | ****** | ***** | ****** | **** |
| Fee: | \$ | x | full | day | \$ | | | |
| | \$ | x | half | day | \$ | | | |
| Overtime : hrs. @ \$ | | | | /hr. | \$ | | | |
| Milea | ge: _ | mile | s @ .545/ ı | nile | \$ | | | |
| | | – ie. Gasolir | | arkina) | \$ | | | |
| | · | :: | | | \$ | | | |
| | | | • | Invoice T | otal: \$ | | | |
| ****** | ×**** | ***** | ***** | ***** | ****** | **** | ***** | *** |
| <u>Date of</u> <u>service</u> | <u>Interpreting Time</u> | | <u>Travel Time</u> | | Case Information | | <u>Type of</u> <u>Proceeding</u> | <u>Defendant Name</u> |
| | from | <u>to</u> | <u>depart</u> | <u>arrive</u> | <u>#</u> | <u>Judge</u> | or Reason for Service | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Patas | <u> </u> | ull down Half | day | /T. | <u> </u> | | | |
| Rates: Cert/PQ Lang. Skilled | \$ | full day: Half 5418.00 \$226. 5202.00 \$111 | 00 \$! | <u>/T:</u> 59.00/hr 35.00/hr | | | | |
| ourt Interpret efender Orga | ter Services nization, o | s Terms and or other attor | Conditions, neys or enti | and that no ties obtainin | other federal cou | urt unit, Fe rvices und | ederal Public I er the CJA or | ance with the Contra Defender, Communi the Defender Service |
| ate: | Signature | of Interpreter | · | | | | | |
| pproval date: | | | Certifying (| Officer Signat | ture: | | | |