		rpreter Inv - Kentucky			Invoice #				
Interpreter name:				TIN/SSN:					
Address:				Phone:					
Language: _		□ C	ertified 🗆	Professiona	ally Qualified 🗆 L	_anguage	Skilled		
ssignment Lo		ouisville 🗆 P			ooro 🗆 Ft. Knox/C	Campbell	Grayson N	Aarion Oldham	
Mile	\$ rtime: _ age: _ el: ich receipts	\$ x full day \$ \$ x half day \$ ne: hrs. @ \$ /hr. \$ e: miles @ .545/ mile \$ receipts - ie. Gasoline, hotel, parking)  ation fee: (date)				General (.165) = Semi-Tech (.17) = Technical (.185) = Word Count Total =			
Invoice Total: \$									
Date of service	Interpre	eting Time	<u>Trave</u>	l Time	<u>Case Informa</u>	ation_	Type of Proceeding	<u>Defendant Name</u>	
	from	<u>to</u>	<u>depart</u>	<u>arrive</u>	<u>#</u>	<u>Judge</u>	or Reason for Service		

<u>Date of</u> <u>service</u>	<u>Interpreting Time</u>		<u>Travel Time</u>		<u>Case Information</u>		<u>Type of</u> <u>Proceeding</u>	<u>Defendant Name</u>
	<u>from</u>	<u>to</u>	<u>depart</u>	<u>arrive</u>	<u>#</u>	<u>Judge</u>	or Reason for Service	

Rates:	<u>Full day:</u>	Half day	<u>O/T:</u>
Rates: Cert/PQ	\$418.00	\$226.00	\$59.00/hr
Lang. Skilled	\$202.00	\$111.00	\$35.00/hr

I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service, cancellation or travel expenses.

Approval date:	Certifying Officer Signature:	
	2008-092000-DXXBBCX-D06KYW2523 P2	

Date:\_\_\_\_\_ Signature of Interpreter: \_\_\_\_\_