

**Contract Court Interpreter Invoice for the  
U.S. District Court – Kentucky Western**

Invoice # \_\_\_\_\_

Interpreter name: \_\_\_\_\_ TIN/SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Language: \_\_\_\_\_  Certified  Professionally Qualified  Language Skilled

Assignment Location:  Louisville  Paducah  Bowling Green  Owensboro  Ft. Knox/Campbell  
 Grayson  Marion  Oldham  Other: \_\_\_\_\_

- ▶ **Fee:** \$ \_\_\_\_\_ x \_\_\_\_\_ full day \$ \_\_\_\_\_
- \$ \_\_\_\_\_ x \_\_\_\_\_ half day \$ \_\_\_\_\_
- ▶ **Overtime:** \_\_\_\_\_ hrs. @ \$ \_\_\_\_\_/ \$ \_\_\_\_\_
- ▶ **Mileage\*:** hr. \_\_\_\_\_ miles @ .585/ mile \$ \_\_\_\_\_
- ▶ **Travel\*:** \_\_\_\_\_ \$ \_\_\_\_\_  
(Attach receipts – ie. Gasoline, hotel, parking)
- ▶ **Cancellation fee:** \_\_\_\_\_ (date) \$ \_\_\_\_\_

Translation Word Count	
General (.165)	_____ = _____
Semi-Tech (.17)	_____ = _____
Technical (.185)	_____ = _____
Word Count Total = _____	

**Invoice Total: \$ \_\_\_\_\_**

Date of service	Interpreting Time		Travel Time*		Case Information		Type of Proceeding or Reason for Service	Defendant Name
	from	to	depart home	arrive home	Case Number	Judge		

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

**\* Reimbursable only when traveling more than 30 miles from home to the interpreting location.**

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 statues, 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: \_\_\_\_\_ Signature of Interpreter: \_\_\_\_\_

Approval date:	Interpreter Coordinator Signature:	AW1 No.
_____	_____	_____