

**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. @ \$ _____/hr. \$ _____
- **Mileage*:** _____ miles @ .575/ 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: \$ _____

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

<u>Rates:</u>	<u>Full day:</u>	<u>Half day</u>	<u>O/T:</u>
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 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: _____ **Signature of Interpreter:** _____

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