



U.S. District Court, District of Wyoming

Contract Interpreter Authorization Voucher

Interpreter: _____

Social Security/Tax ID Number: _____

Mailing Address: _____

City/State/Zip: _____

I hereby request payment be made for interpretation services requested and performed in:

☐ Spanish ☐ Other (specify) _____

AO Certified? ☐ Yes ☐ No Professionally Qualified? ☐ Yes ☐ No

Check will be made out to above named interpreter unless indicated as follows: _____

PAID BY

MARGARET BOTKINS, CLERK
U.S. DISTRICT COURT 4691

DATE	TIME		Judge	CASE NO.	DEFENDANT	PROCEEDING
	From	To				

RATES:	Full Day	Half Day	OT/hr
Certified:	\$566.00	\$320.00	\$80.00
Professionally qualified:	\$495.00	\$280.00	\$70.00
Language Skilled:	\$350.00	\$190.00	\$44.00

Continue on page 2 if necessary

1a. Day(s): _____ **x** _____ per full day

1b. Half Day(s): _____ **x** _____ per half day

2. Overtime Hr(s): _____ **x** _____ per hour OT

3a. Mileage (when authorized *) _____ **x \$.70** per mile

1. Fees (a+b) _____

2. Overtime _____

3. Mileage _____

* Must be 30 miles or more, one way. Include date and times of departure/arrival, below.

Departure from residence _____

Arrival at court destination _____

Departure from court location _____

Arrival at residence _____

Line 4 and 5: Overnight trips only -- totals must match corresponding fields on Itemized Travel Voucher.

4. Transportation _____

5. Subsistence _____

6. Other _____

TOTAL

I 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 of the Defender Services appropriation has been or will be billed for the same period of service, cancellation or travel expenses.

Signature: _____

Date: _____

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Interpreter: _____

[illegible]