

## Contract Interpreter Authorization Voucher

**Interpreter:** \_\_\_\_\_

**Social Security/Tax ID Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

PAID BY

MARGARET BOTKINS, CLERK  
U.S. DISTRICT COURT 4691

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: \_\_\_\_\_

DATE	TIME		Judge	CASE NO.	DEFENDANT	PROCEEDING
	From	To				

RATES:	Full Day	Half Day	OT/hr
Certified and PQ:	\$ 418	\$ 226	\$ 59
Non-Certified:	\$ 202	\$ 111	\$ 35

*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 \$ .58** 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.*

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

Departure from residence \_\_\_\_\_

Arrival at court destination \_\_\_\_\_

Departure from court location \_\_\_\_\_

Arrival at residence \_\_\_\_\_

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: \_\_\_\_\_

*Pursuant to the authority vested in me, I certify that the voucher is correct and proper for payment.*

Approved for Payment: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ACCOUNTING CLASSIFICATION**

\_\_\_\_\_ - 092000 - DXXBBCX - D10WYXC \_\_\_\_\_ - 2523

