



Court Interpreter Invoice for Services

United States District Court for
Northern District of New York

Syracuse Financial _____
_____ NYNDCLERK _____ - _____

Interpreter Name: _____	S.S.N. / Tax I.D. #: _____
Vendor #: _____	GPC #: _____ Invoice #: _____
Address: _____	City: _____ State: _____ Zip: _____
Email: _____	Phone: _____

Language: _____	Court Location: _____
Certified: _____	Professionally Qualified: _____ Language Skilled: _____

Fee Schedule:	Full day	Half day	OT
Certified	\$566	\$320	\$80
Prof. Qualified	\$495	\$280	\$70
Lang. Skilled	\$350	\$190	\$44

DATE(S) SERVICES RENDERED: _____

Full Day Fee: _____ x _____ Days = _____

Half Day Fee: _____ x _____ ½ Days = _____

Overtime Fee: _____ x _____ Hours = _____

(A) Total Fees = _____

(B) Interpreters commuting from the interpreter's residence to the court location for **in person proceedings, must** complete the appropriate information below:

Time of Departure from Residence: _____ Arrival at Courthouse: _____

Time of Departure from Courthouse: _____ Arrival at Residence: _____

Mileage: _____ miles x _____ per mile = _____ Tolls: _____ Parking: _____

Total of Itemized Expenses above: _____

(C) Total Overnight Expenses (see attachment for details): _____

GRAND TOTAL CLAIMED (Total of sections A+B+C): _____

INTERPRETERS USING PUBLIC TRANSPORTATION (ie. Bus, Airplane, etc.) AND/OR REQUIRING OVERNIGHT STAY, WILL NEED TO COMPLETE THE ATTACHED OVERNIGHT EXPENSE REPORT.

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.

No other federal court unit (U.S. District Court, U.S. Probation, 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.

I also performed interpreting services for U.S. Probation, FPD, or a CJA Attorney on this date.

Other Court Unit: _____

Signature of Interpreter: _____ Date: _____

The amount request above exceeds the fee schedule. A signed copy of the AO-290 form is attached to this voucher.

(A) INTERPRETER VOUCHER CASE INFORMATION SHEET

DATE	START TIME	END TIME	PROCEEDING TYPE	CASE NO.	DEFENDANT	JUDGE	VIDEO PROCEEDING

I hereby certify services were rendered as indicated above and payment should be made to the interpreter.

(**If more than one Judge used this interpreter for the same date, EACH CRD must sign below certifying services were rendered.)

APPROVED BY CRD: _____ DATE: _____

APPROVED BY CRD: _____ DATE: _____

APPROVED BY CRD: _____ DATE: _____

****CRDs: If there are any notes for finance re: the services above (ie. special payment approvals, etc.), please indicate those in the box below and attach any emails, pdfs, etc. to the voucher before submitting for payment.****

COMMENTS / NOTES:

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UNITED DISTRICT COURT - OF NEW YORK NORTHERN DISTRICT

INTERPRETER CLAIM FOR COMPENSATION AND EXPENSES

The Interpreter Claim for Compensation and Expenses is the Contract Court Interpreter's **certified** statement/claim for services rendered and allowable expenses. **There are five (5) sections that an interpreter must complete when submitting an invoice for review and payment, as follows:**

1. Identification of the Interpreter (mailing address, company name, if applicable, tax id# or ssn # and language).
2. Date of service, case #, caption, type of proceeding, and Judge - **all cases must have a complete case number.** If you have more than one day, or multiple cases in one day, please complete on page 2. If multiple cases in one day, both CRDs must sign under the approved section.
3. (A) Interpreter Fees - check your classification level and enter the starting and ending times of your interpreting services. Enter the correct fee claimed (half day or full day) from your current contract. Any claim for overtime (if your workday exceeds eight (8) hours, not including meal periods) must be documented in this section.
4. (B) Authorized Travel Expenses - If you are claiming mileage, total your round-trip mileage (x 0.70 per mile - **this is the current GSA mileage rate which is subject to change. Please always check the rate before submitting at <http://www.gsa.gov/milcagrate>**) and list other authorized expenses (parking, tolls, etc.). The total of all claimed mileage and other authorized expenses should be subtotaled for each line used, then added together to be listed in the space for "Total of Itemized Expenses above. All subtotaled figures from the fee and authorized travel sections (including the (C) Interpreter Overnight Expense Report, if applicable) are added together and entered in the box labeled "Grand Total Claimed (Total of sections A + B + C)
NOTE: If you are claiming mileage reimbursement - you MUST complete the boxes for Departure/Arrival times (from your residence to court and court to residence) as required by Section 7.1 Payment for Services - General Invoice Requirements in the *Terms and Conditions* document).
5. The last section is the **Certification**. By signing and dating the *Interpreter Claim for Compensations and Expenses*, the Interpreter is stating that: " 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."

Invoices must be submitted within thirty (30) days of the date that service was rendered.