



# Contract Interpreter Authorization Voucher

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

Contract/BPA Number: \_\_\_\_\_

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

Federally Certified or Professionally Qualified by AOUSC?

Yes  No

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

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

Spanish  Navajo  Other

If Other, please specify: \_\_\_\_\_

DATE	TIME		Judge, U.S. Probation Officer or U.S. Pretrial Officer	CASE NO.	PROCEEDING	NUMBER OF DEFENDANTS OR WITNESSES
	From	To				

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 \$ .545** 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 hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Purchase Agreement 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 related statutes, the Defender Services appropriation, or any other federal agency or entity have 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.

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 - \_\_\_\_\_ XXBBCX - D10NMX - \_\_\_\_\_ - 2523

