



Contract Interpreter Authorization Voucher

Interpreter: _____

Mailing Address: _____

City/State/Zip: _____

Contract/BPA Number: _____

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

Spanish Navajo Other (specify) _____

AO Certified or Professionally Qualified? Yes No

DATE	TIME		Judge, U.S. Probation Officer or U.S. Pretrial Officer	CASE NO.	PROCEEDING	DEFENDANT OR WITNESS NUMBER
	From	To				

RATES:	Full Day	Half Day	OT/hr
AO Certified and PQ:	\$ 418	\$ 226	\$ 59
Non AO-Certified:	\$ 201	\$ 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 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

