



Contract Interpreter Authorization Voucher

U.S. District Court for the District of New Mexico

Interpreter: _____

Contract/BPA Number: _____

Mailing Address: _____

Federally Certified or Professionally Qualified by AOUSC?

City/State/Zip: _____

Yes No

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

Spanish Navajo Other

(If Other, please specify) _____

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

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

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

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

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

3. Authorized Mileage * _____ Miles @ \$0.58/mile: _____

* 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: _____

1. Fees (1a+1b) _____

2. Overtime _____

3. Mileage _____

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

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

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Interpreter: _____

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