

U.S. District Court - NDCA
INTERPRETER INVOICE (rev. 1/1/26)
Original to be submitted within 30 days of date of service

DO NOT ENTER INFORMATION IN SHADED AREAS

Interpreter Name (please print):		Court Unit: DISTRICT	
Service Date:	Service Location:	Language:	
Judge or Officer Name		Case # & Name	Judge or Officer Name

(A) Interpreter Fee

Time Hired	(Check Box)		<input type="checkbox"/> 8:30AM -12:30PM		<input type="checkbox"/> 1:00PM -5:00PM		<input type="checkbox"/> 8:30AM-4:30PM		\$	
Overtime and/or Alternative Schedule	Hire Start Time:	_____	a.m.	p.m.	Hire End Time:	_____	a.m.	p.m.	Total Regular Hours: _____	Flat Rate or Rate/Hour: \$_____
	Overtime Start Time:	_____	a.m.	p.m.	Overtime End Time:	_____	a.m.	p.m.	Total Overtime Hours: _____	Overtime Rate/Hour: \$_____
(A) Total Fees									\$ _____	

(B) Authorized Travel Expenses

Mileage	Departure (Home to Service Location)	Arrival (Service Location)	Departure (Service Location to Home)	Arrival (Home)		
	City:	City:	City:	City:		
	_____ : _____ a.m./p.m.	_____ : _____ a.m./p.m.	_____ : _____ a.m./p.m.	_____ : _____ a.m./p.m.		
Total Miles Traveled: _____ miles	\$0.725 per mile (AO rate as of 1/1/26)	Enter total miles traveled x \$0.725/mile			\$ _____ +	
Other Authorized Expenses (Parking, tolls, bus, miscellaneous)	Do not include expenses claimed if submitting Extraordinary Expense Report (C).			Parking:	\$ _____	
				Bridge Tolls:	\$ _____	
				Public Transportation:	\$ _____	
				Miscellaneous:	\$ _____	
				Enter total parking, bridge tolls, public transportation and miscellaneous expenses		\$ _____ +
Travel Time: (Only if authorized)	Total Travel Time Hours: _____	Travel Time Rate/Hour: \$ _____	Enter total travel time hours x travel time rate/hour			\$ _____ +
(B) Total Travel Expenses Claimed					\$ _____	

(C) Authorized Extraordinary Expenses

Attach Interpreter Extraordinary Expense Report(C) authorized expenses related to airfare, hotel, meals & incidental expenses. Enter "Total Claimed" from Interpreter Extraordinary Expense Report (C)	
(C) Total Extraordinary Expenses Claimed	

Grand Total = (A) Fee + (B) Expenses + (C) Extraordinary Expenses

Certification

I hereby certify that I personally rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services T & C, and that no other federal court unit, FPD, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or 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 cancellation fee or travel expense reimbursement for which I am being compensated pursuant to contract.

Date: _____ Interpreter's Signature: _____

For Official Use Only

I certify the above services were received and total claimed is proper for payment.

Date: _____ Interpreter Coordinator: _____

Date: _____ Certifying Officer: _____

PR: _____ Voucher: _____