

**UNITED STATES DISTRICT COURT
Northern District of California Criminal
Justice Act Unit**

**Interpreter Invoice
2026**

The hourly rate for interpreter services is \$80. Complete one invoice for each date of service.

- Billing shall be in 6-minute increments. Total Time adds travel and service time.
- Invoices should be submitted to the attorney.

Interpreter Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Attorney Name: _____

Date of Service: _____
 Case number: _____ Defendant: _____

Service Time: Start: _____ End: _____ **Total Service Time in Minutes:** _____

Travel Times:

Inbound Depart from: _____ Time of day: _____
 Arrive at: _____ Time of day: _____
Inbound Time (in minutes): _____
 Tolls _____ Parking _____ BART/MUNI: _____ Miles driven: _____

Outbound Depart from: _____ Time of day: _____
 Arrive at: _____ Time of day: _____
Outbound Time (in minutes): _____
 Tolls _____ Parking _____ BART/MUNI: _____ Miles driven: _____
Total Travel Time (in minutes): _____

Total Time: Service & travel in minutes _____ x \$80 per hour = _____
Total Mileage: _____ x \$0.725/mile = _____
Total Other Travel Expenses: _____

Total Compensation & Expenses Claimed: _____

IMPORTANT: If you worked for any other court agency on this date (FPD, Probation, or district court), you must provide the agency name, case number, and time of service below.			
Agency	Case Number	Start time	End time
CJA			
FPD			
Probation			
District Court			

INITIAL EACH OF THE TWO STATEMENTS BELOW:

I hereby certify that the above claim is for services rendered and is true and correct. _____
 I have not received payment (compensation or anything of value) from any other source for these services.

Signature (wet or electronic)

Date