

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

**Interpreter Invoice
2025**

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 Time in Minutes:** _____

Travel Times:
 Depart from: _____ Time: _____
 Arrive at: _____ Time: _____

Total Inbound Time (in minutes): _____

Miles Driven: _____ Tolls: _____ Parking: _____ BART/MUNI: _____
 Depart from: _____ Time: _____
 Arrive at: _____ Time: _____

Total Outbound Time (in minutes): _____

Miles Driven: _____ Tolls: _____ Parking: _____ BART/MUNI: _____

Total Travel Time (in minutes): _____

Total Time: Service & travel in minutes _____ x \$80 per hour = _____

Total Mileage: _____ x \$0.70 per mile = _____

Total Other Travel Expenses: _____

Total Compensation & Expenses Claimed: _____

IMPORTANT: If you worked for any other court agency of this date (FPD, Probation, or USDC), you must provide the agency name, case number, and time of service below.

Agency	Case Number	Start time	End time
CJA			
FPD			
Probation			
USDC			

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