

INVOICE FOR INTERPRETER SERVICES

To: U.S. District Court District of Rhode Island, Clerk's Office One Exchange Terrace Providence, RI 02903-1720	From: _____ _____ _____ SSN: _____
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For interpreting services per the Court Interpreters Act, Public Law 95-539.

Contract interpreters must maintain contemporaneous time and attendance records for all work performed. Such records, which may be subject to audit, must be retained for three years after payment of the final bill/invoice.

Date of interpreter services: _____ **Date invoice submitted:** _____

Beginning and ending times, per full or half day: _____

(Please include the following for each defendant who received interpreter services: name, type of hearing or interview, and name of the presiding judicial officer, probation officer or attorney.)

Defendant #1: _____

Defendant #2: _____

FEE SCHEDULE APPROVED BY THE ADMINISTRATIVE OFFICE OF U.S. COURTS, EFFECTIVE OCTOBER 1, 2015.

FOR CERTIFIED INTERPRETERS: \$418: FULL DAY, \$ 226: HALF DAY, \$59 PER OVERTIME HR.

FOR LANGUAGE-SKILLED INTERPRETERS: \$202: FULL DAY, \$111: HALF DAY, \$35 PER OVERTIME HR.

Fees:	\$	_____
Mileage: _____ (at .625 cents per mile)	\$	_____
Parking:	\$	_____
Tolls:	\$	_____

TOTAL PAYMENT REQUESTED: \$ _____

I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service, cancellation or travel expenses.

Signature of interpreter

Reviewed and approved:

_____	_____
Initials	Date