

# Invoice for Interpreter Services



**Clerk, US District Court  
Western District of North Carolina**

401 West Trade Street - Room 210  
Charlotte, NC 28202  
Phone: 704-350-7400  
Fax: 704-344-6703

**Invoice for services must be submitted within 30 days to the above address**

Name of Interpreter:

Taxpayer ID or Social Security #

Mailing Address:

Case Number:

\*I hereby certify that no other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses.

PO/Blanket Purchase Agreement #

Language in which translation provided

Check if Services were for TRIAL

Dates and Times services provided

Itemized charge for interpreting services

Travel Dates if applicable

- \* Departure from Residence
- \* Arrival at court
- \* Departure from court
- \* Arrival at residence

Itemized travel expenditures - please consult travel regulations included with Purchase Agreement for applicable charges & attach any applicable receipts or other documentation as necessary

TOTAL:

**I hereby certify that I personally rendered the service described herein for payment requested, that said services were rendered in accordance with the Contract 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 the 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 a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.**

**Court Interpreter**

**I hereby certify the above-listed services were rendered.**

**Courtroom Deputy**

**Services reviewed and audited for payment.**

**Court Interpreter Liaison**