

INTERPRETER SERVICES INVOICE

U.S. Probation Office
 Western District of North Carolina
 200 South College Street, Room 1650
 Charlotte, NC 28202/Phone: 704-350-7600



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

Name of Interpreter:	
Taxpayer ID or Social Security #:	
Mailing Address:	
PO/Blanket Purchase Agreement #:	
Dates and Times services provided:	
Language in which translation provided:	
Itemized charge for interpreting services *	Check if Services were for trial.
Travel Dates if applicable:	
*Departure from residence	
*Arrival at court	
*Departure from court	
*Arrival at residence	
Case Name:	
Docket Number:	
PACTS #:	
	<i>(This space reserved for U.S. Probation's approval of payment stamp)</i>
TOTAL	

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.

I certify that the above listed services were rendered.

Interpreter: _____

U.S. Probation Officer: _____

* For Itemized travel expenditures – please consult travel regulations included with Purchase Agreement for applicable charges and attach any applicable receipts or other documentation as necessary.