ADMINISTRATIVE OFFICE OF THE TRIAL COURT
INTERPRETER DAILY SERVICE RECORD

Name:_____	Vendor/Customer Code #	Date of Service
Address:_____	Vendor Invoice #	Language
_____	SECTION A: Interpreting Time Interpreting Hours: _____ Total Hours: _____ Waiting Hours: _____ (No Lunch Time)	
_____		

A.M. Judge: Court:

Case Names:_____ Docket # _____
_____ _____
_____ _____
_____ _____

(Use back for additional Names & Docket #s)

P.M. Judge:

Case Names:_____ Docket# _____
_____ _____
_____ _____
_____ _____

(Use back for additional Names & Docket #s)

COMPENSATION

Certified / Qualified
Check one:
$300 Full Day
$200 Half Day
Screened
Check one:
$200 Full Day
$125 Half Day

Additional_____

Total

SECTION B: Mileage and Travel Time

Total Miles _____ **x$.45** = _____

-50 = _____ Adjusted Mileage

÷25 = _____ $40.00 or _____
$26.00 x =
(Circle One)

Tolls/Public Transportation
(Attach Receipts) _____

Total _____

SECTION B: Mileage and Travel Time for 2 courts.

Total Miles _____ **x$.45** = _____

÷25 = _____ $40.00 or _____
$26.00 x =
(Circle One)

Tolls/Public Transportation
(Attach Receipts) _____

Total _____

Total Compensation Due (Section A+B)

SERVICE CONFIRMATION

THE FIRST JUSTICE, CLERK MAGISTRATE, COURT LIAISON OR AUTHORIZED SIGNATORY MUST COMPLETE THIS SECTION.
I have reviewed and approved the case assignment and attendance information of the above-named interpreter. Pleas initial attendance confirmation.

_____ _____
Please Print Name Signature

_____ _____
Title Date

VENDOR'S CERTIFICATION

I CERTIFY THAT THE SERVICES WERE RENDERED AS SET FORTH ABOVE

_____ _____
SIGNATURE DATE

ATTENDANCE CONFIRMATION

Morning Session	Afternoon Session
Time In: Time Out:	Time In: Time Out:

07/16/08