

**EXECUTIVE OFFICE OF THE TRIAL COURT
INTERPRETER DAILY SERVICE RECORD**

Name: _____	Vendor/Customer Code # _____	Date of Service _____
Address: _____ _____ _____	Vendor Invoice # _____ OR Assignment # _____	Language _____
SECTION A: Interpreting Time Interpreting Hours: * <input style="width: 100px;" type="text"/> Waiting Hours: <input style="width: 100px;" type="text"/> <small>(No Lunch Time)</small>		Total Hours: <input style="width: 100px;" type="text"/>
* IF INTERPRETING HOURS IS " 0 " GIVE REASON IN " CASE NAMES " SECTION		

A.M. Judge: _____ Court: _____
Case Names: _____ Docket # _____

P.M. Judge: _____ (Use back for additional Names & Docket #s)
Case Names: _____ Docket# _____

(Use back for additional Names & Docket #s)

COMPENSATION

SECTION A: Pay Rate Hourly Rate = \$ _____ Total Hours = _____ (2 hrs. minimum) <div style="display: flex; justify-content: space-between; align-items: center;"> Total <input style="width: 80px;" type="text"/> </div>	SECTION B: Mileage and Travel Time Total Miles = <input style="width: 80px;" type="text"/> *If over 40 miles complete the following: <div style="display: flex; justify-content: space-between;"> <div>1) <u>Mileage</u></div> <div>Total Miles x .585 = <input style="width: 80px;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>2) <u>Travel Time</u></div> <div>Total Miles ÷ 50 = <input style="width: 80px;" type="text"/> x ½ MCDHH = <input style="width: 80px;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Legal Hourly Rate</div> <div><input style="width: 80px;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Total Mileage and Travel Time Reimbursement <input style="width: 80px;" type="text"/> </div>
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Total Compensation Due (Section A+B)

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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. Please 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
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ATTENDANCE CONFIRMATION

Morning Session	Afternoon Session

Time In: _____ Time Out: _____	Time In: _____ Time Out: _____
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INSTRUCTION TO VENDORS – Please fill in *ALL and ONLY* the shaded areas

PRC DOCUMENT CODE

HEADER INFORMATION

For MCDHH use only

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CT REFERENCE ENCUMBRANCE DOC

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Fiscal Year	
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Period	
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Doc Total	
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LINE-ACCOUNTING INFORMATION

Commodity Line #			Service from Date (mm/dd/yyyy)			Service to Date (mm/dd/yyyy)			
Event Type	Line Description				Subtotal Line Amt	Ref Acct Line	P / F	Fund	Sub Fund
AP01									
Department	Unit	Appropriation				Object	Program		Program Period
MCD	0001								

To the Comptroller of the Commonwealth of Massachusetts – I hereby certify under penalties of perjury that all laws of the Commonwealth governing disbursement of public funds and the regulation thereof have been complied with.

Prepared by	Title Accountant	Date
MMARS Entry by	Title Clerk IV	Date
Submitted by	Title Business Manager	Date
Authorized Signature	Title CFO	Date

As of March 2022