**EXECUTIVE OFFICE OF THE TRIAL COURT**

**INTERPRETER DAILY SERVICE RECORD**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Vendor/Customer Code # | |  | Date of Service | | | |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | Vendor Invoice #  OR | |  | Language | | | |  |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Assignment # |  |  |  |  |  |  |  |
|  |  |  |  | SECTION A: Interpreting Time | | | | | | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Interpreting Hours: **\*** |  |  |  |  | Total Hours: | |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | Waiting Hours: |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | (No Lunch Time) | | | | | | |  |
|  |  |  |  | **\* 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTTION A: Pay Rate** | | | | **SECTION B: Mileage and Travel Time** | | | | |  |  |  |  |
|  |  |  |  |  | |  | **\***If over 40 miles complete the following: | | | |  |  |
| Hourly Rate = | | $\_\_\_\_\_\_\_\_\_\_ | | Total Miles = |  |  |  |  |
| Total Hours = | | \_\_\_\_\_\_\_\_\_\_ | |  |  |  |  |  |  |  |  |  |
| 1) Mileage | | | Total Miles x .585 | |  |  |  |  |
|  |  |  |  |
| (2 hrs. minimum) | |  |  | = |  |  |  |
|  |  |  |  | 2) Travel Time | |  |  |  |  |  |  |  |
|  |  |  |  | Total Miles ÷ 50 = | |  |  | x ½ MCDHH | = |  |  |  |
|  |  |  |  |  |  |  |  | Legal Hourly Rate | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | | | | | | |  |  |
| **Total** |  |  |  | **Total Mileage and Travel Time Reimbursement** | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

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. 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 | |
|  |  | **ATTENDANCE CONFIRMATION** | |  |  |
|  |  |  |  |  |  |
|  | Morning Session |  | Afternoon Session |  |  |
|  | Time In: | Time Out: | Time In: | Time Out: | |

**INSTRUCTION TO VENDORS – Please fill in *ALL and ONLY* the shaded areas**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRC DOCUMENT CODE** |  | **HEADER INFORMATION** | |  | **For MCDHH use only** |
|  |  | Fiscal Year |  |  |
| **CT REFERENCE ENCUMBRANCE DOC** |  | Period |  |  |
|  |  | Doc Total |  |  |

**LINE-ACCOUNTING INFORMATION**

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

**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 |