

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

Name: _____	Vendor/Customer Code # _____	Date of Service _____
Address: _____ _____ _____	Vendor Invoice # _____	Language _____
<p align="center">SECTION A: Interpreting Time</p> Interpreting Hours: * <input style="width: 100px; height: 20px;" type="text"/> Total Hours: <input style="width: 100px; height: 20px;" type="text"/> Waiting Hours: <input style="width: 100px; height: 20px;" type="text"/> <small>(No Lunch Time)</small> * IF INTERPRETING HOURS IS " 0 " GIVE REASON IN " CASE NAME " SECTION		

A.M.	Judge: _____	Court: _____
Case Names: _____ Docket # _____ _____ _____ _____		
<small>(Use back for additional Names & Docket #s)</small>		

P.M.	Judge: _____	Court: _____
Case Names: _____ Docket# _____ _____ _____ _____		
<small>(Use back for additional Names & Docket #s)</small>		

COMPENSATION

<input type="checkbox"/> Certified / Qualified Check one: <input type="checkbox"/> \$300 Full Day <input type="checkbox"/> \$200 Half Day <input type="checkbox"/> Screened Check one: <input type="checkbox"/> \$200 Full Day <input type="checkbox"/> \$125 Half Day Additional _____ Total <input style="width: 50px;" type="text"/>	<p align="center">SECTION B: Mileage and Travel Time</p> Total Miles <input style="width: 50px;" type="text"/> x \$0.45 = <input style="width: 50px;" type="text"/> -50 = <input style="width: 50px;" type="text"/> Adjusted Mileage +25 = <input style="width: 50px;" type="text"/> x \$10.00 <input style="width: 50px;" type="text"/> Tolls/Public Transportation (Attach Receipts) <input style="width: 80px;" type="text"/> Total <input style="width: 80px;" type="text"/>	<p align="center">SECTION B: Mileage and Travel Time for 2 courts.</p> Total Miles <input style="width: 50px;" type="text"/> x \$0.45 = <input style="width: 50px;" type="text"/> +25 = <input style="width: 50px;" type="text"/> x \$10.00 <input style="width: 50px;" type="text"/> Tolls/Public Transportation (Attach Receipts) <input style="width: 80px;" type="text"/> Total <input style="width: 80px;" type="text"/>
---	---	---

Total Compensation Due (Section A+B)	
<input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/>	

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: _____