

FREELANCE COURT INTERPRETER SERVICE AND TRAVEL FEES AND EXPENSES

Case Data:

For Office Use Only	Verified by: _____
	Date: _____

Interpreter:

Interpreter's Certification:	Codes
<p><i>I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.</i></p> <p>(Service Agreement Sec. 7.1)</p>	

Contract Interpreter's Signature

Date

<i>Date</i>	<i>Type</i>	<i>Description</i>	<i>Time From</i>	<i>Time To</i>	<i>Amount</i>
	Travel	Travel Fee			
		Airfare			
		Baggage Fee			
		Meal -Breakfast			
		Meal -Lunch			
		Meal -Dinner			
		Ground Transportation (Home to Airport)			
		Ground Transportation (Airport to Hotel)			
		Lodging			
		Hotel Tax (17.4%)			
	Service & Travel	Service and Travel Fee			
		Service and Travel Fee Overtime (Over 8.5 Hours)			
		Meal -Breakfast			
		Meal -Lunch			
		Meal -Dinner			
		Ground Transportation (Court to Airport)			
		Ground Transportation (Airport to Home)			
Total Travel & Service Fees: Line 1					
Line 1 (Fees) Internal Use:					
Line 2 (Expenses) Internal Use:					

Contract Interpreter's Signature

Date

**U.S. District Court for the Northern District of Illinois
 INTERPRETER'S TRAVEL FEES & EXPENSES**

FOR OFFICE USE ONLY			
VERIFIED BY	DATE	CHECKED BY	DATE

Interpreter's Name: _____

Contract court interpreters are eligible for reimbursement of actual itemized authorized expenses up to the GSA per diem rate for the date and location specified in the contract. Please submit actual expense receipts. If no actual receipt is available, please submit Form AO-1012B with supplementary documentation.

Date of Travel: _____ Travel Start Time: _____ (All times in Central Standard Time)

Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____

Mileage Reimbursement for this Date of Travel \$: _____ Tolls \$: _____

Travel End Time: _____ (All times in Central Standard Time)

Travel Expense Total for this Date of Travel \$: _____

Travel Fee \$: _____

Date of Travel: _____ Travel Start Time: _____ (All times in Central Standard Time)

Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____
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Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____
Expense Amount \$: _____	Expense Description: _____

Mileage Reimbursement for this Date of Travel \$: _____ Tolls \$: _____

Travel End Time: _____ (All times in Central Standard Time)

Travel Expense Total for this Date of Travel \$: _____

Travel Fee \$: _____

Travel Fee and Expense Grand Total Amount Claimed: \$ _____

Interpreter's Certification

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Signature: _____ Date _____

Interpreter's Name: _____ Taxpayer ID on file. Language: _____

Address: _____ Qualification Level: _____

Phone/Email: _____

* * * CONTRACT INTERPRETER TRAVEL LOG * * *

ILND

Date(s) of Travel:

Point of Departure/Return: Home Court Other: (Please provide address) _____

Destination: Dirksen U.S. Courthouse Roszkowski U.S. Courthouse MCC County Jail - Name of Co. Jail: _____

Other Location -Address of Other Location: _____

Street Address

City

Zip Code

Interpreter: Street Address: Telephone: SSN: ON FILE	<u>Street Address</u>	<u>Mileage</u> Total Miles Traveled Round Trip	<u>Mileage</u> Total Miles Traveled Multiplied by <u>Current</u> <u>GSA Rate</u>	<u>CODES (NO AIR TRAVEL)</u> <u>Travel Expenses</u> 1 = Taxi 2 = Tolls 3 = Parking 4 = <u>Other</u> <u>CODES (WITH AIR TRAVEL)</u> A = Airfare B = Hotel C = Hotel Taxes D = Meals & Incidental Expenses E = <u>Other</u>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> PLEASE SUBMIT ALL RECEIPTS </div>	<input type="checkbox"/> In Court <input type="checkbox"/> Out of Court
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Travel	[Port to Port] Date	All times in Central Standard Time (CST). [Port to Port] Time		CODE	Other 1		CODE	Other 2		Case Number	Case Name	Judge
					Date	Amount		Date	Amount			
Depart to Assignment												
Arrival at Assignment												
Departure to Home												
Arrival at Home												
		Fee										
Tolls (Include Receipts)												
Travel Fee												
Notes:												
Notes:												
Subtotal:		\$.00						SUBTOTAL Other 1 & 2				

Interpreter: Billing Address:	Billing Address (Optional)
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NOTE: Travel expenses (mileage, parking, etc.) will not be paid if the court interpreter's point of departure is less than 50 miles from the assignment destination. The AO-established fee schedule covers travel expenses for local travel. see *Rate and Information Sheet Section 6.0* for additional information.

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Contract Interpreter=s Signature & Date	TOTAL EXPENSES CLAIMED:	Authorizing/Certifying Official Date
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