CONTRACT INTERPRETER LOCAL TRAVEL EXPENSE FORM

Interpreter Name:
Interpreter Address:
Authorized Point of Destination:
Authorized Point of Return:
Date of Service:

NOTE: Travel time will not be paid if the court interpreter's point of departure is less than 50 miles from the assignment destination. See Rate and Information Sheet Section 6.0 for additional information.

Travel Expenses **Receipts will be required for all expenses**	**Amount**
Mileage to Courthouse: **Mileage to Authorized Location:**	
Mileage (Total miles traveled roundtrip multiplied by current GSA Rate $0.76)	
Tolls	
Parking	
Public Transit	
Rideshare The most cost-effective rideshare option is required. Luxury or premium rideshare options are not reimbursable. Pooling or shared rides with unknown individuals is discouraged. **Rideshare to Courthouse:** **Rideshare to Authorized Location:**	

Total Expenses Claimed:	

Interpreter Certification: "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." see Court Interpreter Services: Rate and Information Sheet, Section 7.1

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Contract Interpreter Signature **Date**

FOR OFFICE USE ONLY

Received By	Date	Verified By	Date