Invoice CJA eVoucher (Interpretation)

VALID INTERPRETER VOUCHERS MAY REQUIRE APPOINTMENT OF INTERPRETER SERVICES TO THE DEFENDANT. IF AVAILABLE, PLEASE ATTACH A COPY OF THE INTERPRETER APPOINTMENT ORDER.

Case and Attorney Information:

Judge:	Judge's Last Name
Case Number:	Case Number
Case Name:	U.S. v. Defendant's Name
Defense Attorney:	Attorney Name
Attorney Address:	Attorney Address
Attorney Phone Number:	Attorney Phone Number

Description of Service Fees:

Defendant speaks	Language
Date/Time of Service	Date, Start Time – End Time
Services:	Service Description
Service Detail:	Location of Service (Include Address)
	Date of Service
	Service Start Time – Service End Time
Claim Service Compensation:	$Service Dollar Amount

Description of Travel Time Fees and Travel Expenses

	If Travel of More Than 50 Miles is Involved:
	Leg 1: Travel Start Time –Travel End Time
	Leg 2: Travel Start Time –Travel End Time
	$Mileage Total x $Mileage Rate[1]
	$Toll Fees (Include Toll Receipts or PDF Online Record Printout)
	$Parking Fees (Include PDF Parking Receipt)
Travel Expense Reimbursement:	$Travel Dollar Amount

Service and Travel Total: $Total Service + Travel

Interpreter/Payee Information

Payee's Name and	Payee's Name
Mailing Address:	Payee's Address Line 1
	Payee's Address Line 2
Tax Identification Number:	Payee's TIN#/SS#/EIN# On File.
Payee's Phone Number:	Payee's Phone Number

Interpreter's 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."

Signature:_____ Date:_____

[1] Current GSA Mileage Rate is found here.