INTERPRETER INVOICE

Use this form when interpreters qualify for Per Diem for overnight stays required for trials and other court proceedings. This invoice should be submitted with the Interpreter Attendance Record.

IAME:			SOCIAL	SOCIAL SECURITY NO.:			
a travel time fee		ble half-day rate fo	or every four hour p	on a day PRIOR to a court period, or fraction thereof,			
Per Diem pays lo	dging and meals.	Hotel bill MUST be	attached to this in	voice. Airline ticket MUS	T be attached to this in	voice.	
Miscellaneous ex	penses include: toll (charges, lodging ta	ıx, taxi plus tip, pa	king, tips for baggage har	ndling.		
NUMBER OF M	ILES TRAVELED	(R	DUNDTRIP) X A	PPLICABLE MILEAGE R	ATE =	_ .	
DESTINATION	CITY:		_·				
DATE	TRAVEL DAY Charge -			DUS EXPENSE	TRAVEL DAY AIRFARE CHARGE -	AIRFARE	
	PRIOR		AMOUNT	EXPLANATION	AFTER		