## UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

CONTRACT INTERPRETER INVOICE

Language(s):					Month:						Year:				
Date	In (hh:mm	Time Out (hh:mm am/pm)	Total Work Time	Meal Period	Travel Time (Home to Work)	Travel Time (Work to Home)	Total Travel Time (Round- trip)	Number of Miles	Parking or Bus/ Train Ticket	\$ Miles + Other Claim	Total Time [(Work- Meal) +Travel]	Contracted For	\$ Rate	\$ Overtime Rate	Total Clain
												C Half Day			
												<ul><li>Full Day</li><li>Half Day</li></ul>			
												C Full Day			
												O Half Day			
												C Full Day			
												Half Day			
												C Full Day			
												○ Half Day			
												<ul><li>Full Day</li><li>Half Day</li></ul>			
												C Full Day			
												C Half Day			
												C Full Day			
												C Half Day			
												C Full Day			
												Half Day			
												C Full Day			
otal Clain	n:														

# UNITED STATES DISTRICT COURT CENTRAL DISTRICT OF CALIFORNIA

### CONTRACT INTERPRETER INVOICE

(List every case and/or proceeding)

Date	Purchase Order Number(s) (PO#)	Case Name	Case Number	Proceeding
and that it is her until I receive no	eby incorporated by otice, in writing, fro	reference. I also understand that om the Court of any changes. I also	these terms and conditions will r so understand that this invoice, t	nditions document that I previously signed is on file emain in effect throughout the current fiscal year, on the Judiciary Staff Travel Regulations, and the Courprinting, at ( <a href="https://www.cacd.uscourts.gov/Interpreters">www.cacd.uscourts.gov/Interpreters</a> ).
Contract for Con or entities obtain agency or entity	urt Interpreter Servi ning interpreting sen has been or will be l	ices, and that no other federal cour rvices under the Criminal Justice A billed for the same period of service	rt unit, federal public defender, co act or the related statutes, or the I e, cancellation or travel expenses	said services were rendered in accordance with the ommunity defender organization, or other attorneys Defender Services appropriation, or any other federa for any services rendered during the same half or ful for which I am being compensated pursuant to the
contract.	save form before signin	α		Return Completed invoice by e-mail to
Complete, date and	save form before signiff	<u>ş.</u>		CACD_Interpreters@cacd.uscourts.gov
Executed on			Signature	
Contracting O	fficer/Authorized R	 epresentative	Approved for Payment on	

#### INSTRUCTIONS TO 1-2 FORM - CONTRACT INTERPRETER INVOICE

*I-2 should be submitted via e-mail to CACD Interpreters@cacd.uscourts.gov* 

#### Page 1

Name; Mailing Address; Language; Month and Year for which interpreter is claiming payment.

#### **Table**

Date of assignment: Date assigned by Interpreter Services to work in the United States District Court. Required.

*Time In*: Time interpreter arrives for assignment (please note that if interpreter arrives 2 hours earlier on own volition, those two hours should not be counted as hours worked, e.g. interpreter arrives at 7 AM and Interpreter Services scheduled the interpreter for 8:45 AM, Time in should be 8:45 AM). Please include AM or PM, and include a space between the time and the AM or PM. E.g. 8:30 AM or 12:30 PM.

Time Out: Time interpreter leaves the courthouse after having called the office to make sure there are no other matters requiring the interpreter to stay longer. Please include AM or PM, and include a space between the time and the AM or PM. E.g. 8:30 AM or 12:30 PM.

Total Work Time: Automatically calculated.

*Meal Period*: If applicable, insert time taken for meals during the workday.

Shaded Area TO BE COMPLETED ONLY BY INTERPRETERS FOR ASSIGNMENTS WITH AUTHORIZED TRAVEL | Enter your time as decimal fractions in 15-minute increments:

Travel Time (Home to Work): Insert duration of travel time from Home to Assigned Work Location

Travel Time (Work to Home): Insert duration of travel time from Assigned Work Location to Home .

Total Travel Time (round-trip): Auto calculated

*Number of Miles:* Insert the number of miles travelled (which is multiplied by the rate paid per mile)

Parking or Bus/Train Ticket: Write the amount of money paid for parking or Train or Bus ticket for which reimbursement is sought.

\$ Miles plus Other Claim: Auto calculated. Other Claim: the expenses claimed for parking and/or transportation tickets.

Total Time [(Work Time- Meal Time) + Travel Time)]: Auto calculated

Contracted for: see Total Time (Work + Travel): if after subtracting meal periods from Total Work Time, the total is 4 hours or less, Half Day applies; if more than 4 hours, Full Day applies.

\$ Rate: The rate which applies to the interpreter's classification. For updated rates, refer to our website at: http://www.cacd.uscourts.gov/interpreters#fees

\$ Overtime Rate: Only to be completed if the contract interpreter worked more than 8 hours. Enter the applicable overtime rate per hour (for updated rates, see http:// www.cacd.uscourts.gov/interpreters#fees). The dollar amount will be automatically calculated. E.g. if the interpreter enters 9 hours of Total Work Time and subtracts 30 minutes for Meal Period, the form will calculate 8.5 hours. The half hour of overtime will be rounded up to one hour and automatically added to the Total Claim. If the interpreter was on travel status, the Total Travel Time for the round trip will also be automatically calculated and added to the Total Claim.

Total Claim: Automatically calculated.

Comments: Interpreter can provide any clarifications or explanations. Please include the date on each comment. E.g. "4/24/15, I took lunch between 12 PM and 1 PM."

#### Page 2

List every case in which you provided interpreting services in any given date. Include Date, Purchase Order Number if available (PO#, Interpreters with a BPA (Blank Purchase Agreement) have one PO number per fiscal year while others are assigned ONE PO# per assignment or date), Case Name, Case Number and Proceeding.

Signature: Do not sign until form is completed, dated and saved. If contract interpreter does not have an electronic signature, please print the form, sign it, scan it, and send it via e-mail to CACD Interpreters@cacd.uscourts.gov

1 - 15 minutes, enter .25; 16 - 30 minutes, enter .50;

31 - 45 minutes, enter .75; 46 - 60 minutes, enter 1.0

Ex.:01:15=1.25; 01:48=2.0; 02:23=2.50; 03:38=3.75; 03:52=4.0

Instructions Page