UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
CONTRACT INTERPRETER INVOICE

Name: _____

Mailing Address: _____

Language(s): _____   Month: _____   Year: _____

Date	Work In (hh:mm am/pm)	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 Claim
												○ Half Day ○ Full Day			
												○ Half Day ○ Full Day			
												○ Half Day ○ Full Day			
												○ Half Day ○ Full Day			
												○ Half Day ○ Full Day			
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												○ Half Day ○ Full Day			
												○ Half Day ○ Full Day			
												○ Half Day ○ Full Day			
Total Claim:															

Comments: [   ]

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

CONTRACT INTERPRETER INVOICE

(List <u>every</u> case and/or proceeding)

Date	Purchase Order Number(s) (PO#)	Case Name	Case Number	Proceeding

I agree to the terms and conditions. I understand that the Contract Interpreters Services Terms and Conditions document that I previously signed is on file, and that it is hereby incorporated by reference. I also understand that these terms and conditions will remain in effect throughout the current fiscal year, or until I receive notice, in writing, from the Court of any changes. I also understand that this invoice, the Judiciary Staff Travel Regulations, and the Court Interpreter Management Plan are available on the court's Internet home page for review, download, and printing, at (www.cacd.uscourts.gov/Interpreters).

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.

Complete, date and save form before signing.

**Return Completed invoice by e-mail to
CACD_Interpreters@cacd.uscourts.gov**

Executed on

Signature

Contracting Officer/Authorized Representative

Approved for Payment on

I-2 (1/21)

Contract Interpreter Invoice

INSTRUCTIONS TO 1-2 FORM - CONTRACT INTERPRETER INVOICE

I-2 should be submitted via e-mail to CACD_Interpreters@cacd.uscourts.gov

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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:
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

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."

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List <u>every</u> 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*