

Interpreter Billing Statement



Name: _____

Mailing address: _____

Phone #: _____ Email: _____

Is this a new address?

Invoice #: _____

Language: _____

Invoice Date: _____

I. Interpreting time Rate: \$ _____

| Date of service | County name | Actual time interpreting | # Hours billed | If booking was cancelled, provide date & time of cancellation | # Hours booked | Total amount billed |
|-----------------|-------------|--------------------------|----------------|---|----------------|---------------------|
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |

II. Mileage & travel time Mileage Rate: \$0.70 Travel Fee: _____ (1/2 hourly interpreting rate)

| Date of travel | Travel to (provide address) | Travel from (provide address) | Total # of miles billed | Total charged (A) | # Hours travelled | Total charged (B) | Total amount (A + B) |
|----------------|-----------------------------|-------------------------------|-------------------------|-------------------|-------------------|-------------------|----------------------|
| | | | | \$ | | \$ | \$ |
| | | | | \$ | | \$ | \$ |
| | | | | \$ | | \$ | \$ |

III. Preauthorized Expenses (must attach original receipt)

| Date | Type of expense (per diem, hotel, airfare, etc.) | Amount | Total amount billed |
|------|--|--------|---------------------|
| | | \$ | \$ |
| | | \$ | \$ |

I hereby certify that I personally provided the interpreting services as stated in this invoice. Furthermore, the information given is true to the best of my knowledge. No other invoices have been submitted for these services.

| | |
|----------------------------------|-----------|
| INVOICE TOTAL (I+II+III): | \$ |
|----------------------------------|-----------|

Signature: _____ Date: _____

| For County Use Only | | For AOC Use Only: | | |
|----------------------|-------|----------------------|-------|------|
| Invoice Reviewed By: | Date: | Invoice Approved By: | Date: | PCA# |