

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: \$0.625 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):	\$
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Signature: _____ Date: _____

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