

Interpreter Invoice



Vendor:
Address:

Phone:
Email:

Invoice #:
Supplier #:
Language:

Invoice Date:
Page: ____ / ____

TO: Trial Court Administration Office
Ada County Courthouse
200 W Front St., Boise, Idaho 83702
(208) 287-7500
tcainvoices@adacounty.id.gov

Department needing services:

Invoice Approved By:
Date:

DATE OF SERVICE	DESCRIPTION (Provide case name or #)	# OF HOURS (A)	HOURLY RATE	TRAVEL FROM (PROVIDE ADDRESS)	TRAVEL TO (PROVIDE ADDRESS)	TOTAL # OF MILES TRAVELED (B)	TOTAL BILLED PER ASSIGNMENT
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
				(A) Total # of hours: _____	Hourly Rate: \$ _____ / hour	TOTAL HOURS BILLED:	\$
				(B) Total # of miles: _____	Mileage Rate: _____ / mile	TOTAL MILEAGE BILLED:	\$
Validate Total:						INVOICE TOTAL:	\$

Notes:

- To avoid delays in payment, provide all information requested.
- If interpreting for more than one individual during the same booking period, provide all case names and/or numbers under same assignment.
- Unless otherwise specified, the minimum hourly charge is of two (2) hours, regardless of the number of cases covered during the 2 hours. If total time is over two (2) hours, round up to closest 15 minute increment (e.g., .25 = 15 minutes; 0.5 = 30 minutes; .75 = 45 minutes).
- Processing time may take up to 30 days.
- Example of departments requesting services include: Public Defender, Prosecutor, Courts, Juvenile Probation, Adult Probation.