Interpreter Invoice

|  |  |  |
| --- | --- | --- |
| [Vendor’s Name] [Vendor’s mailing address][Vendor’s phone #] [Vendor’s email address] | Invoice #: Vendor #: Language:  | Invoice Date: Page: \_\_\_\_ / \_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **TO:** | Trial Court Administration Office Fourth Judicial District Court Ada County Courthouse200 W Front St., Boise, Idaho 83702(208) 287-7500  | 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 # ofmiles traveled (B) | Total BILLED per assignment |
|  |  |  | $ |  |  |  | $  |
|  |  |  | $ |  |  |  | $ |
|  |  |  | $ |  |  |  | $ |
|  |  |  | $ |  |  |  | $ |
|  |  |  | $ |  |  |  | $ |
|  |  |  | $ |  |  |  | $ |
|  |  |  | $ |  |  |  | $ |
|  |  |  | $ |  |  |  | $ |
|  |  | (A)Total # of hours: \_\_\_\_\_\_  | Hourly Rate: $\_\_\_\_\_\_/ hour | total Hours Billed:  | $ |
|  |  | (B)Total # of miles: \_\_\_\_\_\_  | Mileage Rate: $ 0.655 / mile | total MILEAGE billed:  | $ |
|  |  |  |  | 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.