# COURT INTERPRETER AUTHORIZATION VOUCHER

PAID BY

MATTHEW J. DYKMAN, CLERK
U.S. DISTRICT COURT 4651

Interpreter _____

Social Security/Tax Number _____

Mailing Address_____

City/State/Zip_____

is hereby authorized to perform the following interpreting assignment in:

Q Spanish Q Navajo Q Other (specify) _____, for _____ day(s)

on _____. Check will be made out to above mentioned interpreter unless indicated

as follows _____.

| Date | Hour | | Judge | Case No. | Proceeding | Defendant and/or Witness – Number |
|---|---|---|---|---|---|---|
| | From | To | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Fee: $_____ x _____day(s)/half day $_____

Overtime: _____ hours at _____/hour $_____

Travel (when applicable)* _____ miles @ _____¢ / mile $ _____

Travel Time: Home to Court _____ Tolls $_____

Court to Home _____ Parking $_____

*Rates:* *CERTIFIED – full day $384 / half day $208*
*NON-CERTIFIED – full day $185 / half day $102*
*TRAVEL – 55¢ per mile*

TOTAL $_____

I hereby certify under penalty or perjury that the foregoing is true and correct.

Date: _____ Signature: _____
Interpreter

**Mileage may be claimed for travel 30 miles or more, one way; rates are as of 1/1/06.*

Pursuant to authority vested in me, I certify that the voucher is correct and proper for payment.

_____ _____ _____
*(Date)* *(Approved for Payment)* *(Title)*

ACCOUNTING CLASSIFICATION

_____ - 092000 - DXXBBCX - D10NMX_____ - 2523