

UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

PURCHASE ORDER/REQUEST FOR PAYMENT FOR INTERPRETING SERVICES

PLEASE PRINT OR TYPE

V.

CASE NUMBER \_\_\_\_\_

FROM: Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

I hereby certify that I am Certified  Prof. Certified  Non-Certified   
to interpret in the following Language \_\_\_\_\_ and executed a contract with the Court on \_\_\_\_\_

TYPE OF PROCEEDINGS:

Description: \_\_\_\_\_

Location: \_\_\_\_\_

DATE: \_\_\_\_\_ Begin Time: \_\_\_\_\_ am/ pm End Time: \_\_\_\_\_ am/ pm  
HALF DAY  FULL DAY  AMOUNT \_\_\_\_\_

Distance from residence to location must be more than 30 miles one way in order to claim any travel expenses.

TRAVEL EXPENSES # OF MILES \_\_\_\_\_ @ PER MILE AMOUNT \_\_\_\_\_

TOLLS \_\_\_\_\_ PARKING \_\_\_\_\_ AMOUNT \_\_\_\_\_

OTHER EXPENSES: \_\_\_\_\_ AMOUNT \_\_\_\_\_  
(Itemize and attach receipts)

Courtroom Deputy/CJA Attorney verification that information is correct and accurate: \_\_\_\_\_ (initials)

DOCUMENT TRANSLATION:

DATE: \_\_\_\_\_

TOTAL # OF WORDS/PAGES \_\_\_\_\_ RATE PER WORD \_\_\_\_\_ AMOUNT \_\_\_\_\_

OTHER EXPENSES: \_\_\_\_\_ AMOUNT \_\_\_\_\_

TOTAL AMOUNT OF INVOICE \_\_\_\_\_

I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service, cancellation or travel expenses.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Certifying Officer: \_\_\_\_\_

Title: \_\_\_\_\_

092000-DXXBBCX-D01MAXJ/M-2523

INTERPRETER RATES: Effective January 1, 2015

Certified and Professionally Skilled - Full Day \$412 / Half Day \$223 / Overtime \$58 per hour or part thereof  
Language Skilled (Non-Certified) - Full Day \$198 / Half Day \$109 / Overtime \$34 per hour or part thereof **\*\* Mileage .575 Eff. 1/1/2015**

(INTERPRETER INVOICE 1/1/2015 - previous editions obsolete)