

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

PURCHASE ORDER/REQUEST FOR PAYMENT FOR INTERPRETING SERVICES

PLEASE PRINT OR TYPE

V.

CASE NUMBER: _____

FROM:

Name

Street City Zip

Social Security Number Telephone Number

I hereby certify that I am Certified _____ Prof. Qualified _____ 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/Pretrial/Probation 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: _____

Date: _____

Submitted by: _____

(Interpreter's Signature)

Date approved _____

Certifying Officer _____ Title _____

092000-DXXBBCX-D01MAXJ/M-2523

INTERPRETER RATES: Effective April 1, 2009

Certified and Professionally Skilled - Full Day \$384 / Half Day - \$208 Overtime \$54 per hour of part thereof

Language Skilled (Non-Certified) - Full Day - \$185 / Half Day - \$102 Overtime \$32 per hour or part thereof ** Mileage - 55 cents as of 2/1/09