

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:

(Itemize and attach receipts)

AMOUNT

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 October 1, 2015

Certified and Professionally Skilled - Full Day \$418 / Half Day \$226 / Overtime \$59 per hour or part thereof
Language Skilled (Non-Certified) - Full Day \$202 / Half Day \$111 / Overtime \$35 per hour or part thereof

**** Mileage .575 Eff. 1/1/2020**