**UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA**

**Certified / Professionally Qualified Interpreters Statement of Services**

**INTERPRETER NAME/PAYEE** **INVOICE/PURCHASE ORDER #**

**MAILING ADDRESS**  **SOC SEC/TAX #** (Payee)

**CITY, STATE, ZIP**  **PHONE # & EMAIL**

**INTERPRETING SERVICES**

**LANGUAGE Please check one:** AO Certified Professionally Qualified

**CASE NUMBER** **CASE** **CAPTION JUDGE**

 Date hrs (from) (to)

 Date hrs (from) (to)

 Date hrs (from) (to)

 Date hrs (from) (to)

 Date hrs (from) (to)

 **FEES CLAIMED** (Full-Day Rate) $ Per x Days/hours =$

 **FEES CLAIMED** (Half-Day Rate) $ Per x Days/hours = $

 **FEES CLAIMED** (Overtime Rate) $ \_ Per x Days/hours = $

**TRAVEL TIME**

Departed from residence - City of Date and Time

Arrived at City of Date and Time

Returned to residence - City of Date and Time

 **FEES CLAIMED** (Full-Day Rate) $ Per x Days/hours =$

 **FEES CLAIMED** (Half-Day Rate) $ Per x Days/hours = $

 **FEES CLAIMED** (Overtime Rate) $ \_ Per x Days/hours = $

 **TOTAL FEES $**

**Subsistence Expenses:\***

 + \_\_\_\_\_\_\_ = $ = $

 Date Location Lodging Meals & Incidentals Total

 + \_\_\_\_\_\_\_ = $ = $

 Date Location Lodging Meals & Incidentals Total

 + \_\_\_\_\_\_\_ = $ = $

 Date Location Lodging Meals & Incidentals Total

 + \_\_\_\_\_\_\_ = $ = $

 Date Location Lodging Meals & Incidentals Total

 + \_\_\_\_\_\_\_ = $ = $

 Date Location Lodging Meals & Incidentals Total

**(\*ACTUAL**  **Expenses -** lodging plus meals & incidentals expenses, not to exceed per diem rates of $179 in Omaha, or $166 in Lincoln and North Platte.

Last Day- No hotel - actual expenses up to $64 in Omaha for meals & incidentals, and $59 in Lincoln and North Platte for meals & incidentals**)**

 **TOTAL SUBSISTENCE $**

**Mileage:\*\*** Date Number of Miles

 Date Number of Miles

 **TOTAL MILES \_\_\_\_\_\_\_\_\_ @ $0.67 = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \*\***Must be a minimum of 30 miles one-way from interpreter’s residence.**

**Other Expenses:\***\***\***

(\*\*\*Airline tickets, taxi fares, phone calls, hotel taxes, parking fees (dates and amounts). Attach copy of economy class airline ticket, lodging receipt and a copy of other receipts **ALL ARE** **REQUIRED**.)

 **TOTAL OTHER $**

*I certify that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the CJA or related statutes has been or will be billed for the services I have rendered during the same half-day or full‑day, the same period of service, any cancellation, or for my travel expenses pursuant to the contract.*  **TOTAL AMOUNT CLAIMED $**

**INTERPRETER SIGNATURE** **DATE**

**Note: Statements of Services should be submitted within 30 days of contract performance.**

**MAIL INVOICE/DOCUMENTATION TO:** U.S. District Court, Administrative Services, 111 S. 18th Plaza, Suite 1152, Omaha, NE 68102-1322

**APPROVED BY – STAFF INTERPRETER DATE**

INTERP\_STMTFRM\_CERT.WPD Last Revision Date: 01/04/2024