

**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 \_\_\_\_\_  
Departed 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 GSA per diem rates. Last Day- No hotel.

**TOTAL SUBSISTENCE** \$ \_\_\_\_\_

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

**TOTAL MILES** \_\_\_\_\_ @ \$0.70 = \$ \_\_\_\_\_

\*\*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 all other receipts **ALL RECEIPTS 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. 18<sup>th</sup> Plaza, Suite 1152, Omaha, NE 68102-1322

**APPROVED BY – STAFF INTERPRETER** \_\_\_\_\_

**DATE** \_\_\_\_\_