

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 per diem rates of \$174 in Omaha, or \$155 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 _____ @ \$0.655 = \$ _____

**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. 18th Plaza, Suite 1152, Omaha, NE 68102-1322

APPROVED BY – STAFF INTERPRETER _____

DATE _____