

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	= \$ _____
_____ Date	_____ Location	_____ Lodging	= \$ _____	_____ Meals & Incidentals	= \$ _____
_____ Date	_____ Location	_____ Lodging	= \$ _____	_____ Meals & Incidentals	= \$ _____
_____ Date	_____ Location	_____ Lodging	= \$ _____	_____ Meals & Incidentals	= \$ _____
_____ Date	_____ Location	_____ Lodging	= \$ _____	_____ Meals & Incidentals	= \$ _____

(***ACTUAL** Expenses - lodging plus meals & incidentals expenses not to exceed GSA diem rates. Last Day- No hotel.)

TOTAL SUBSISTENCE \$ _____

Mileage:** Date _____ Number of Miles _____
Date _____ Number of Miles _____

TOTAL MILES _____ @ \$0.76 = \$ _____

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 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
INTERP_STMTFRM_CERT.WPD

DATE _____

Last Revision Date: 09/22/2026