

FPD INTERPRETER INVOICE

Name: _____

Date: _____

Address: _____

Invoice No: _____

Phone: _____

E-Mail: _____

Tax ID: _____

TO ATTORNEY: _____
(Name/Address) _____

Case Name: _____ **Case Number:** _____

Date of Service: _____

1. Travel from _____ (address) at _____ a.m.
 to _____ (address)
 arrival at _____ a.m. = _____ # of hour(s)
 2. Service time from _____ p.m. to _____ p.m. = _____ # of hour(s)
 3. Return travel at _____ pm. to _____ (address)
 arrival at _____ p.m. = _____
 4. Total number of Hours (Add Lines 1, 2, and 3) = _____
 (If total number of hours is not a whole number, round up to the next whole number)
 5. Multiply number of hours by the rate of \$80 per hour \$ _____
 6. Mileage (/Round trip): _____ Miles @\$0.67 per mile \$ _____
 7. Parking \$ _____
 8. Bridge Toll \$ _____
- Grand Total** (Add Lines 5, 6, 7, 8 and 9) \$

IMPORTANT

If you worked for any other court agency on this date (USDC, Probation or CJA) you *must* provide the agency name, case number & time of service below:

√	AGENCY	CASE #	FROM	TO
NO	United States District Court			
NO	United States Probation			
NO	Criminal Justice Attorney			
NO	Federal Public Defender			