

FPD CAN INTERPRETER INVOICE

Name:
Address:
Phone:
E-Mail::
Tax ID:

Date:
Invoice No:

TO ATTORNEY: _____
(Name/Address) _____

Case Name: _____ **Case Number** _____

Date of Service _____

1. Travel from _____ **(address) at** _____ **a.m./p.m.**
to _____ **(address)**

arrival at _____ **a.m./p.m.** = _____ **# of hour(s)**

2. Service time from _____ **a.m./p.m. to** _____ **a.m./p.m.** = _____ **# of hour(s)**

3. Return travel at _____ **a.m./p.m. to** _____ **(address)**
arrival at _____ **a.m./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 \$78 per hour \$ _____

6. Mileage (Round trip/One-way): _____ **miles @ \$.575 per** \$ _____
mile (JAN20) \$ _____

7. Parking \$ _____

8. Bridge Toll \$ _____

9. Public Transportation \$ _____
Grand Total (Add Lines 5, 6, 7, 8 and 9) \$ _____