

Interpreter Voucher

(In-Court Services)

Interpreter: _____ **Social Security No./Taxpayer ID #** _____
Address: _____ **Business Telephone No.:** _____
 _____ **Home Telephone No.:** _____
 _____ **Language:** _____
 _____ **Purchase Order #** _____

Date	Case No AND Case Name	Brief Description of Services	Courtroom Deputy Initials	Time	Miles\Expenses
Totals:					
Please Round All Amounts To The Nearest Hour\Mile.					

CLAIMANT'S CERTIFICATION: I hereby certify that the above claim is correct and that I have NOT claimed or received payment from any other source for the services rendered and claimed on this voucher.

Signature of Claimant: _____ Date: _____

FOR OFFICE USE ONLY	
Mail to: U.S. District Court Finance Division 550 West Fort Street Boise, ID 83724	TOTAL HOURS: \$ _____ TOTAL MILEAGE: \$ _____ GRAND TOTAL: \$ _____

Reviewed for Payment: _____ Date: _____