Interpreter Invoice

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| --- | --- | --- |
| [Vendor’s Name]  [Vendor’s mailing address]  [Vendor’s phone #]  [Vendor’s email address] | Invoice #:  Vendor #:  Language: | Invoice Date:  Page: \_\_\_\_ / \_\_\_\_\_ |

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| --- | --- | --- | --- |
| **TO:** | Language Access Coordinator  Ada County Trial Court Administration  200 W Front St., Boise, Idaho 83702  (208) 287-7686 | Department Needing Services:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Invoice Approved By:  Date: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE OF SERVICE** | **DESCRIPTION**  **(Provide case name or #)** | # of hours (A) | | Hourly Rate | Travel from  (provide address) | | travel to  (provide address) | total # of  miles traveled (B) |
|  |  |  | | $ |  | |  |  |
|  |  |  | | $ |  | |  |  |
|  |  |  | | $ |  | |  |  |
|  |  |  | | $ |  | |  |  |
|  |  |  | | $ |  | |  |  |
|  |  |  | | $ |  | |  |  |
|  |  |  | | $ |  | |  |  |
|  |  |  | | $ |  | |  |  |
|  |  |  | | $ |  | |  |  |
| (A)Total # of hours: \_\_\_\_\_\_ | | | Hourly Rate: $\_\_\_\_\_\_/ hour | total Hours Billed: | $ |
| (B)Total # of miles: \_\_\_\_\_\_ | | | Mileage Rate: $ 0.555 / mile | total MILEAGE billed: | $ |
|  | | |  | INVOICE TOTAL: | $ |

**Notes:**

* To avoid delays in payment, provide all information requested.
* If interpreting for more than one individual during the same booking period, provide all case names and/or numbers under same assignment.
* Unless otherwise specified, the minimum hourly charge is of one (1) hour, regardless of the number of cases covered during the hour. If total time is over one (1) hour, round up to closest minute increment (e.g., .25 = 15 minutes; 0.5 = 30 minutes; .75 = 45 minutes; 2.0 = 2 hours).
* Processing time may take up to 30 days.
* Example of departments requesting services include: Public Defender, Prosecutor, Courts, Juvenile Probation, Adult Probation.