



**NEW YORK STATE UNIFIED COURT SYSTEM
PER DIEM COURT INTERPRETER INVOICE**

INTERPRETER INSTRUCTIONS:

- Complete all items in Section A
- Submit form to court personnel, who will fill-in Section B
- Sign the form at the conclusion of the assignment (Section C)
- Keep a copy for your records

COURT PERSONNEL INSTRUCTIONS:

- Complete all items in Section B
- Verify the hours worked with the E-system check-in/check-out, and attach a copy of the completed check-in page
- Sign the form at the conclusion of the assignment (Section C)
- Forward invoice to local Fiscal or District Administrative office for processing of payment

SECTION A- TO BE COMPLETED BY THE INTERPRETER

▼ NAME (clearly PRINT full name)

▼ VENDOR ID # (A Vendor ID is required for all payments) if the Vendor ID# is not yet issued or unknown, enter the interpreter's SOCIAL SECURITY or TAXID# ▼

▼ AGENCY OR BUSINESS NAME (if applicable) ▼

▼ ADDRESS CITY ▼

▼ STATE ▼ ZIP ▼ TELEPHONE ▼

SECTION B- TO BE COMPLETED BY COURT PERSONNEL (ONLY)

DATE OF INTERPRETER ASSIGNMENT ▼ COURT ▼

STREET ADDRESS ▼ CITY ▼ COUNTY ▼

WAS THIS A REMOTE INTERPRETING APPEARANCE? *YES: NO: *IF YES Indicate remote technology used: VIDEO: PHONE:

IF YES: COURT THAT REQUIRED THE REMOTE INTERPRETER (This is the Court that pays the Interpreter) ▼

IF YES: FROM WHICH COURT DID THE REMOTE INTERPRETER PHYSICALLY REPORT/APPEAR? ▼

COURT PART	CASE NAME OR DOCKET #	LANGUAGE	*START TIME	*END TIME

▼ APPROVED PAYMENT TYPE	▼ AMOUNT **
<input type="checkbox"/> HALF-DAY	
<input type="checkbox"/> FULL-DAY:	
<input type="checkbox"/> OTHER:	

**** NYS Unified Court System rates for per diem court interpreters is \$140 for half-day (up to four hours in duration); \$250 for full day. Amount will be verified by UCS Administrative personnel prior to payment.**

* attach a copy of the completed check-in/ check-out page from the E-system

SECTION C- SIGNATURES (REQUIRED)

INTERPRETER:

The payment requested reflects services that I have provided, in compliance with UCS policies and procedures for court interpreters. I hereby affirm that on the date of the interpreting assignment indicated on this form (you must check one of these options):

- I HAVE NOT worked in another court within the UCS
- I HAVE worked in another court within the UCS. Indicate court and county: _____

Interpreter Name (print) ▲ Interpreter Signature ▲ Date ▲

COURT PERSONNEL:

I certify that this invoice is just, true and correct, and that the services rendered were used in the performance of official functions and duties.

Court Employee Name & Title (print) ▲ Court Employee Signature ▲ Date ▲

FOR FISCAL PROCESSING / BUDGET OFFICE USE: