



## 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: <input type="checkbox"/> NO: <input type="checkbox"/> *IF YES Indicate remote technology used: VIDEO: <input type="checkbox"/> PHONE: <input type="checkbox"/>				
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 **		*attach a copy of the completed check-in/ check-out page from the E-system
<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 \$220 for half-day (up to four hours in duration); \$385 for full day. Amount will be verified by UCS Administrative personnel prior to payment.

## 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 &amp; Title (print) ▲

Court Employee Signature ▲

Date ▲

FOR FISCAL PROCESSING / BUDGET OFFICE USE: