

**UNITED STATES DISTRICT COURT - MIDDLE DISTRICT OF FLORIDA**

**Interpreter Claim for Compensation and Expenses**

BPA/PO# \_\_\_\_\_

Original to be submitted within 30 days of date of service

<b>Interpreter Name:</b>		<b>Company Name:</b>	
<b>Mailing Address:</b>		<b>Taxpayer ID# or SSN#</b>	<b>Language</b>

Date of Service	Case #	Caption	Type of Proceeding	Judge

**(A) Interpreter Fees**

Classification Level	(Check Box) <input type="checkbox"/> Federally Certified (FC) <input type="checkbox"/> Professionally Qualified (PQ) <input type="checkbox"/> Language Skilled (LS)					Fee(s)
<b>Start/End Times of Interpreting Services</b>	Start Time: [Ex. 10:00 am or 2:00 pm]		End Time: [Ex. 10:00 am or 2:00 pm]		Half Day Rate: * FC: \$320.00 PQ: \$280.00 LS: \$190.00	Full Day Rate:** FC: \$566.00 PQ: \$495.00 LS: \$350.00
	Overtime Start Time:		Overtime End Time:		Total Overtime Hours: _____	Overtime Rates: FC: \$80.00/hr. PQ: \$70.00/hr. LS: \$44.00/hr.

\*Half Day - services up to and including 4 hours in one day, including travel time, if authorized.

\*\*Full Day - services in excess of 4 hours up to and including 8 hours in one day, including travel time, if authorized.

**(A) Total Fees**  

**(B) Authorized Travel Expenses** (complete this section only if you have received authorization and your residence to the court is 30 miles or more one way)

Mileage (30 miles or more - one way - from your residence to the court)	Departure Time from Residence	Arrival Time at Court	Departure Time from Court	Arrival Time at Residence	Total Miles Traveled:
	City:	City:	City:	City:	
Time:	Time:	Time:	Time:	Time:	
<b>Other Authorized Expenses</b> (Parking, tolls, bus, miscellaneous)	[Ex. 10:00 am or 2:00 pm]			Enter total miles traveled x \$0.67/mile (GSA rate as of 1/1/2024)	
	Parking:				
	Tolls:				
	Public Transportation:				
	Miscellaneous:				
				Enter total parking, tolls, public transportation and miscellaneous expenses	

**(B) Total Travel Expenses Claimed**  

**Grand Total = (A) Fee(s) + (B) Expenses**  

**CERTIFICATION**

I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.

**CHECK ONE:**  I have not or  I have worked on this date for \_\_\_\_\_ (include the Attorney's/Officer's Name with Probation, Pretrial, CJA, or PD). If you checked that you "have worked" for another entity, did you work for the other entity earlier in the day before working for the court?  Yes or  No Start Time: \_\_\_\_\_ / End \_\_\_\_\_

Interpreter's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Court Use Only

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**I certify that the above services were received and the total claimed is proper for payment.**

GPC # \_\_\_\_\_

Approving Officer: \_\_\_\_\_ Date: \_\_\_\_\_

BC/PO# \_\_\_\_\_