CJA Voucher Interpreter Attachment

Interpreter's Name: _____ Date of Service: _____

Defendant Name: _____ Case Number: _____

**Time must be calculated in Tenths of Hours. [Click here to see](#)
[Interpreter Compensation Billing Calculator](#).**

Originating Travel Time: ***Required whether claiming travel compensation or not***

Departure Time _____ from _____
                                      (Give Location/Address)

Arrival Time _____ at _____ = _____
                                  (Give Location/Address)   (Time)

Duration of Meeting: (excluding any breaks)

Start Time _____ End Time _____ = _____
                                                                      (Time)

Returning Travel Time: ***Required whether claiming travel compensation or not***

Departure Time _____ from _____
                                      (Give Location/Address)

Arrival Time _____ at _____ = _____
                                  (Give Location/Address)   (Time)

                                            Total Time = _____
                                                                  (Time)

List Other Defendants and case numbers visited:

Defendant Name:		Case Number:	
Defendant Name:	_____	Case Number:	_____
Defendant Name:	_____	Case Number:	_____
Defendant Name:	_____	Case Number:	_____
Defendant Name:	_____	Case Number:	_____
Defendant Name:	_____	Case Number:	_____
Defendant Name:	_____	Case Number:	_____
Defendant Name:	_____	Case Number:	_____
Defendant Name:	_____	Case Number:	_____

Did you work a half day or full day (AM/PM) in Court? (Y) or (N) Amount Claimed: _____

Total Time	**(X)**	**Rate per Hour**	=	**$ Compensation Total**
_____	(X)	_____	=	$ _____

EXPENSES
Travel :

Total Miles	@	**Cent per mile**	=	**$ Travel Expense**
_____	@	_____		$ _____
		Parking		$ _____
		Metro		$ _____
		Total Travel Expenses		$ _____

Other Expenses (description) _____ $ _____

Grand Total of Compensation and Expenses = $ _____