

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 ***Required whether claiming travel compensation or not***

Time:

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 ***Required whether claiming travel compensation or not***

Time:

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: _____

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 = \$ _____