

Case No.: _____

Plaintiff / Petitioner

v.

*Defendant / Respondent*Vender Invoice Number
(For Official Use Only)**INVOICE FOR INTERPRETER OR TRANSLATION SERVICE**_____
Interpreter/Translator Name_____
Remit To Address_____
Social Security # / F.E.I.N. #**Check appropriate box(es):** interpreter for person who is deaf or hard-of-hearing **AND/OR**
 interpreter or translator for person who speaks a foreign language**HOURS:** Rate¹ Per Hour Set Forth in Order of Appointment is \$ _____

Date MM/DD/YY	Hours @ Rate 1	Rate 1*	Hours @ Rate 2	Rate 2*	Hours @ Rate 3	Rate 3*	Totals:
Subtotal:							

EXPENSES:

Date MM/DD/YY	Mileage	Mileage Rate	Per Diem	Lodging	Totals:
Subtotal:					

Total: _____

*Rates: 1 - Hourly rate set forth in Order of Appointment
2 - Hourly rate set forth in Order of Appointment, plus \$5 per hour for service in excess of 1 hour without team interpreter
3 - Hourly rate set forth in Order of Appointment, plus \$3 per hour for weekend hours

I hereby certify all the above information to be true and that I have not previously billed another source or received payment for the charges set out above. Further, I hereby certify that the above is a true and accurate statement of services performed and of reasonable and necessary expenses actually incurred.

Date_____
Signature of Interpreter or Translator_____
Date_____
Signature of Judge

¹ NOTICE: The Administrative Office policy is that the fees for interpreters for a person who is hearing impaired may not exceed the minimum fee chart set forth in the Commission for the Deaf and Hard of Hearing Rules (WVCSR §192, Table 192-1-A) without prior approval of the Administrative Office. The hourly fee for a foreign language interpreter or translator is fixed by Order of Appointing Court. Reimbursement for reasonable and necessary expenses may not exceed the rates allowed in 10.2(A)(2) of the *West Virginia Judicial Personnel System Manual*.