

JAC Invoice - Interpreter/Translator Services

INT-081919

Vendor Name: (as listed on Substitute Form W-9 and JAC Contract)		Invoice Number: (MAX 9 characters)	
Vendor Federal Employer Identification Number: (MUST match ID on Substitute Form W-9 and JAC Contract)		Case Number:	
Defendant's Attorney Name:	IFC <input type="checkbox"/>	County and Circuit:	
Florida Bar Number:	Pro Se <input type="checkbox"/> Cap. Coll. <input type="checkbox"/>	Defendant/Client Name:	
Provider Name:		Total Invoice Amount: (automatically calculated as form is completed)	

INTERPRETER/TRANSLATOR INFORMATION: Court Order Required. MUST attach court order authorizing services.

<u>Interpreter</u>	<u>Translator</u>	<u>Certification</u>	<u>Language</u>
<input type="radio"/> For Deposition	<input type="radio"/> Translate/Transcribe Audio/Video/Other Recording	<input type="radio"/> State Certified	Specify Other Language
<input type="radio"/> For Interview/Statements	<input type="radio"/> Translate/Transcribe Written Documents or Materials	<input type="radio"/> Court Certified	
<input type="radio"/> For Other	<input type="radio"/> Translate/Transcribe Other	<input type="radio"/> Other Specify:	

INTERPRETER/TRANSLATOR RATE

Charges for Interpreter/Translator Services provided during court proceedings are not to be billed to the JAC. Please see the Invoice **Instructions** as well as the JAC Policies and Procedures for hourly billing requirements.

Service Date:	Date Format MM/DD/YYYY Time format 1:30 PM	Hours: (in tenths)	Hourly Rate:	Subtotal:
Start Time:	End Time:			

MUST attach detailed hourly statement listing dates and times if billing for multiple dates.

TRAVEL EXPENSES / MILEAGE A properly completed DFS Travel Voucher MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one-way) from vendor's office. Any one-way trip that exceeds 50 miles must be supported by documentation. The DOT Mileage Calculator MUST BE USED when cities are listed therein. If not listed, other documentation may be used.	Subtotal:
---	-----------

OTHER REIMBURSEMENT EXPENSES As permitted under JAC Policies and Procedures or pursuant to court order. (invoice/receipt, proof of payment, and court order if applicable, MUST BE ATTACHED)	Subtotal:
--	-----------

<p style="text-align: center;">Vendor Certification</p> <p>Under penalty of perjury, I certify that I have read the foregoing (Interpreter/Translator Services Invoice) and the facts stated in it are true; and the amounts reflected on the invoice are true and accurate; and that the work in connection herewith was actually performed.</p> <hr/> Vendor Signature (Blue Ink) Date	<p style="text-align: center;">Certification of Receipt of Services</p> <p>I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for the performance of my duties in the above-referenced case, the amount due is accurate, transactions were in accordance with Florida Statutes and all applicable laws and rules of the State of Florida, and that under the terms of my Agreement with the Justice Administrative Commission payment is appropriate.</p> <hr/> Attorney/Pro Se Defendant Signature Date (Blue Ink)	<p style="text-align: center;"><u>JAC DOC STAMP</u></p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<hr/> Vendor Printed Name Phone Number	<hr/> Printed Name / Florida Bar Number	JAC Date Stamp

BILL WILL BE RETURNED IF NOT SIGNED.

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.

<u>JAC APPROVAL</u>

<u>AUDIT NOTES</u>
