

INVOICE FOR LANGUAGE INTERPRETING SERVICES

DATE: _____

NAME AND ADDRESS FOR PAYMENT:

SSN or EIN#:

CLIENT NAME AND CASE NUMBER	HOURS	RATE	AMOUNT
Subtotal (Services): \$ _____			

Mileage (check one):

☐ Remote / No Mileage

☐ Round-Trip Mileage:

_____ miles x \$0._____ per mile = \$ _____

TOTAL AMOUNT DUE (Including Mileage): \$ _____

COURT AUTHORIZED SIGNATURE: _____

For Office Use Only:

☐ FMC BARS CODE: 001-512-51-41-03

☐ RMC BARS CODE: 001-512-52-41-03