Invoice for Interpreter Authorization for Payment
Pierce County Courts

Name: _____ Last Four Digits of SS#: ___ ___ ___ ___ Language: _____

Business Name ***(only list if your name is not used above):*** _____ EIN #:_____

Address: _____ Certified ■ Yes ☐ No

City: _____ State: _____ Zip Code: _____ Registered ☐Yes ■ No

Telephone: _____ Email: _____ In-Court Qualified ☐ Yes ☐ No

Date	Cause Number (if more than one def. write multiple)	Defendant/Litigant (if multiple cases, write down the location)	Mileage (0.56/Mile)	Hearing Type	Hours Worked in each Court (by .5 increments)						Approved By	Time		$ Amount
					District		Superior		Juvenile			Start	Finish	
					Civ	Crim	Civ	Crim	Civ	Crim				
		Total Miles:											**Total Mileage Fees:** ($0.56 x Total Mileage)	
		Total Hours:											**Sub Total:**	
		Civil Amount: (For Staff Use Only)											**Grand Total:**	

Interpreter Certification: I hereby certify under penalty of perjury that this is a true and correct claim for interpreter services provided by me on behalf of Pierce County and that no payment for these services have been received by me to date.

Signature_____ ***Date***_____

Mail or Email Original to:

Pierce County Interpreter Services
930 Tacoma Avenue South, Room 334
Tacoma, WA 98402
SUPCrtInterpret@piercecountywa.gov
Phone: (253) 798-6091

Invoices not submitted within 30 days of performance are subject to a 10% reduction. Invoices submitted more than 6 months after performance are subject to rejection.