



Invoice for Interpreter Authorization for Payment Pierce County Courts

Business Name: _____ EIN: _____ Language: _____
 Name: _____ Last four digits of SS#: _____
 Address: _____ Certified Yes No
 City: _____ State: _____ Zip Code: _____ Registered Yes No
 Telephone: _____ Email: _____ In-Court Qualified Yes No

| Date | Cause Number <small>(if more than one def. write multiple)</small> | Defendant/Litigant <small>(if multiple cases, write down the location)</small> | Mileage <small>(0.545/Mile)</small> | Hearing Type | Hours Worked in each Court <small>(by .5 increments)</small> | | | | | | Approved By | Time | | \$ Amount |
|------|---|---|--|--------------|--|------|----------|------|----------|------|-------------|--|--------|-----------|
| | | | | | District | | Superior | | Juvenile | | | Start | Finish | |
| | | | | | Civ | Crim | Civ | Crim | Civ | Crim | | | | |
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| | | Total Miles: | | | | | | | | | | Total Mileage Fees: <small>(\$0.545 x Total Mileage)</small> | | |
| | | Total Hours: | | | | | | | | | | Sub Total: | | |
| | | Civil Amount: <small>(For Staff Use Only)</small> | | | | | | | | | | 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.

Mail Original to: Pierce County Interpreter Services
 930 Tacoma Avenue South, Room 334
 Tacoma, WA 98402
 Phone: (253) 798-6091

Signature _____

Date _____

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.