

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA

Court Interpreter Claim for Payment – PRINT ON GREEN PAPER

CLAIMANT NAME _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

Accounting Use Only

Vendor ID _____

Date Entered _____

Entered By _____

Accrual Date _____

Please check the appropriate box	Certified		Registered	
	Non-Certified		Non-Registered	

LANGUAGE INTERPRETED _____

Date of Service	Case Name(s)	Case Number	For court use only

Claim is for	Details	G/L ACCT	COST CENTER	FUND	PECT	AMOUNT
Interpreter fee ½ day			456000	110001	1320	
Full day			456000	110001	1320	
Mileage	_____ Miles @ .545 per mile	938509	456000	110001	1320	
Travel time	_____ Hours @ \$ _____ p.h.	938502	456000	110001	1320	
Per diem Bkfst. \$ 8.00		938510	456000	110001	1320	
Per diem Lunch \$12.00		938510	456000	110001	1320	
Per diem Dinner \$20.00		938510	456000	110001	1320	
Hotel/attach invoice	_____ Nights at \$ _____	938511	456000	110001	1320	
GRAND TOTAL						\$

Complete the items below, if you are requesting per diem reimbursement.

Date/Time Left Home	Date/Time Left Redding	Date/Time Arrived Home

I the undersigned, under penalty of perjury, state that the above claim and items as herein provided are true and correct; that no part has previously been paid, that the amount is justly due this claimant, and the same is presented within one year after the last item was accrued.

CLAIMANT SIGNATURE: _____ **Date:** _____

This section for court use only
I certify under penalty of perjury that I have not violated any of the provisions of Article four, Chapter One, Division Four, Title One of the California Government Code. Furthermore, the articles or services specified in the above claim were necessary and ordered for the purpose indicated, and that the articles or services have been delivered or performed as stated hereon, unless otherwise indicated above by me.
APPROVED BY: _____ DATE: _____