

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA
Court Interpreter Claim for Payment – PRINT ON GREEN PAPER

CLAIMANT NAME John Interpreter
 ADDRESS: 100 Spanish Ave.
 ADDRESS: New Britan, CA 00000
 ADDRESS: _____

Accounting Use Only

Vendor ID _____
 Date Entered _____
 Entered By _____
 Accrual Date _____

Please check the appropriate box	Certified	<input checked="" type="checkbox"/>	Registered	<input type="checkbox"/>
	Non-Certified	<input type="checkbox"/>	Non-Registered	<input type="checkbox"/>

LANGUAGE INTERPRETED Spanish

Date of Service	Case Name(s)	Case Number	For court use only
1/7/2017	People v. Smith	17F0000	

Claim is for	Details	G/L ACCT	COST CENTER	FUND	PECT	AMOUNT
Interpreter fee ½ day			456000	110001	1320	157.53
Full day			456000	110001	1320	
Mileage	<u>200</u> Miles @ .535 per mile	938509	456000	110001	1320	107.00
Travel time	<u>4</u> Hours @ \$ <u>35.50</u> p.h.	938502	456000	110001	1320	142.00
Per diem Bkfst. \$ 8.00	<u>1</u>	938510	456000	110001	1320	8.00
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						\$414.53

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

Date/Time Left Home	Date/Time Left Redding	Date/Time Arrived Home
<u>1/7/17 @ 5:30 am</u>	<u>1/7/17 @ 11:00 am</u>	<u>1/7/17 @ 2:00 pm</u>

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: John Interpreter Date: 1/7/17

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: _____