

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

CLAIMANT NAME \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

<b>Accounting Use Only</b>
Vendor ID _____
Date Entered _____
Entered By _____
Accrual Date _____

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

LANGUAGE INTERPRETED \_\_\_\_\_

Date of Service	Case Name(s)	Case Number	<i>For court use only</i>

Claim is for	Details	G/L ACCT	COST CENTER	FUND	PECT	AMOUNT
Interpreter fee ½ day			456000	110001	1320	
Full day			456000	110001	1320	
Car License # _____ Mileage	_____ Miles @ .70 per mile	938509	456000	110001	1320	
Travel time	_____ Hours @ \$ _____ per hour.	938502	456000	110001	1320	
First Day Meals – up to \$51		938510	456000	110001	1320	
Addtl Days Meals – up to \$68/day		938510	456000	110001	1320	
Last Day Meals – up to \$51		938510	456000	110001	1320	
Hotel/attach invoice	_____ Nights at \$ _____	938511	456000	110001	1320	
Miscellaneous fees		938502	456000	110001	1320	
<b>GRAND TOTAL</b>						<b>\$</b>

*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: \_\_\_\_\_

<b>This section for court use only</b>
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: _____