



**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA
[DIVISION (ALL CAPS)] DIVISION**

Revision date: December 17, 2007

Interpreter Information		Case Information	
Interpreter Name:	[Interpreter Name]	USA vs.	
Address:	[Street Address] [City, State, Zip]	<u>Defendant's Last Name</u>	<u>Case Number</u>
SS or Tax ID #:	[SS or Tax ID]	[Last Name Defendant 1]	[Case No 1]
Language Interpreted:	[Language Interpreted]	[Last Name Defendant 2]	[Case No 2]
Phone #:	[Phone Number]	[Last Name Defendant 3]	[Case No 3]
		[Last Name Defendant 4]	[Case No 4]

Interpreter Only

INTERPRETATION FEE	Certified or Professionally Qualified: full day \$376, half day \$204, overtime \$53 per hour or part thereof	[Certified Fee]
	Language Skilled: full day \$181, half day \$100, overtime \$31 per hour or part thereof	[Uncert Fee]
TRAVEL INFORMATION	Departure time from residence:	[Time Depart Home]
	Arrival time at court destination:	[Arrive Court]
	Departure time from court location:	[Depart Court]
	Arrival time at residence at the end of travel:	[Arrive home]
MILEAGE If traveled more than 30 miles one way from residence to courthouse	Number of miles round-trip:	[Miles round trip] \$0.00
PARKING		[Parking costs]
SUBSISTENCE	Attachments must include an itemized list of all expenses. The only receipts required are from a hotel or any expense over \$25.00. All receipts must be original receipts.	[Hotel/meals]
	TOTAL:	\$0.00
Interpreter's Signature:	Date of Service: [Date of Service]	

Deputy Clerk Only

Judge: [Judge Name]	Courtroom Deputy's Signature: _____	
Date of Service: [Date]		
Event Type: <input type="checkbox"/> Jury Trial	# of Days: [days]	# of Interpreters used: [Interpret]
<input type="checkbox"/> Bench Trial	# of Days: [days]	# of Interpreters used: [Interpret]
<input type="checkbox"/> Other event		

Procurement Only

Reviewed for Payment	
____ - 092000 - DXXBBCX - D04SCX____ - 2523	
AMOUNT \$ _____	Date: _____
PR #: _____	P2 #: _____
Signature: _____	