

UNITED STATES DISTRICT COURT - MIDDLE DISTRICT OF FLORIDA

Interpreter Claim for Compensation and Expenses

BPA/PO# _____

Original to be submitted within 30 days of date of service

Interpreter Name:	Company Name:	
Mailing Address:	Taxpayer ID# or SSN#	Language

Date of Service	Case #	Caption	Type of Proceeding	Judge

(A) Interpreter Fees

Classification Level	(Check Box) <input type="checkbox"/> Federally Certified (FC) <input type="checkbox"/> Professionally Qualified (PQ) <input type="checkbox"/> Language Skilled (LS)						Fee(s)
Start/End Times of Interpreting Services <small>Overtime rates will be counted in one-hour increments whenever exceeding 8 hours of services and travel time combined.</small>	Start Time: <small>[Ex. 10:00 am or 2:00 pm]</small>		End Time: <small>[Ex. 10:00 am or 2:00 pm]</small>		Half Day Rate: * FC: \$320.00 PQ: \$280.00 LS: \$190.00	Full Day Rate: ** FC: \$566.00 PQ: \$495.00 LS: \$350.00	
	Overtime Start Time:		Overtime End Time:		Total Overtime Hours: _____	Overtime Rates: FC: \$80.00/hr. PQ: \$70.00/hr. LS: \$44.00/hr.	

*The half-day rate is applicable to services up to and including 4 hours in one day.

**The full-day (daily) rate is applicable to services in excess of 4 hours up to and including 8 hours in one day.

Travel time to and from the court to another location authorized by the contracting officer is counted as part of the half or full-day rate.

(A) Total Fees

(A) Total Fees - Cont'd from page 1A

(B) Authorized Travel Expenses

Mileage	Departure Time from Residence	Arrival Time at Court	Departure Time from Court	Arrival Time at Residence	Total Miles Traveled:
	City:	City:	City:	City:	_____ miles
	Time:	Time:	Time:	Time:	
Other Authorized Expenses (Parking, tolls, bus, miscellaneous)	<small>[Ex. 10:00 am or 2:00 pm]</small> If you had an overnight stay(s), please do not complete this section, (B) Authorized Travel Expenses. Travel information for overnight stay(s) should be added on pages 1A and 2.		Enter total miles traveled x \$0.725/mile (GSA rate as of 01/01/26)		
			Parking:		
			Tolls:		
			Ground Transportation:		
			Miscellaneous:		
			Enter total parking, tolls, public transportation and miscellaneous expenses		

If you worked more than one day and/or had multiple cases in one day, please use page 1A for additional space.

(B) Total Travel Expenses Claimed

(C) Authorized Overnight Expenses (only complete this form if you have received authorization)

Attach Interpreter Overnight Expense Report (C) authorized expenses related to airfare, hotel, meals & incidental expenses. Enter "Total Claimed" from Interpreter Overnight Expense Report (C)	
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Itemized receipts are required for all expenses \$75.00 or more.

(C) Total Overnight Expenses Claimed

Grand Total = (A) Fee(s) + (B) Expenses + (C) Overnight Expenses

CERTIFICATION

I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.

CHECK ONE: ☐ I have not or ☐ I have worked on this date for _____ (include the Attorney's/Officer's Name with Probation, Pretrial, CJA, or PD). If you checked that you "have worked" for another entity, did you work for the other entity earlier in the day before working for the court? ☐ Yes or ☐ No Start Time: _____ / End _____

Interpreter's Signature: _____

Date: _____

For Court Use Only

_-092000-DXXBBCX-D11FLMC-2523

I certify that the above services were received and the total claimed is proper for payment.

GPC # _____

Approving Officer: _____ Date: _____

BC/PO# _____

UNITED STATES DISTRICT COURT - MIDDLE DISTRICT OF FLORIDA

Addendum to Interpreter Claim for Compensation and Expenses

Original to be submitted within 30 days of date of service

BPA/PO # _____

Interpreter Name: _____

Company Name: _____

Date of Service	Case #	Caption	Type of Proceeding	Judge

START/END TIMES OF INTERPRETING SERVICES - Ex. 9:00 am or 4:00 pm

Date of Service	Departure Time from Residence/Hotel	Arrival Time At Court/Hotel	Start Interpreting (In Court)	End Interpreting (In Court)	Departure Time from Court/Hotel	Arrival Time at Residence/Hotel	Total Hours

FEDERALLY CERTIFIED (FC) RATES: Full Day: \$566.00; Half Day: \$320.00; Overtime: \$80.00/hour

PROF. QUALIFIED (PQ) RATES: Full Day: \$495.00; Half Day: \$280.00; Overtime: \$70.00/hour

LANGUAGE SKILLED (LS) RATES: Full Day: \$350.00; Half Day: \$190.00; Overtime: \$44.00/hour

HALF-DAY - applicable to services up to and including 4 hours in one day.

FULL-DAY (daily) - applicable to services in excess of 4 hours up to and including 8 hours in one day.

Travel time to and from the court or another location authorized by the contracting officer is counted as part of the half or full-day rate.

The fee for this assignment, whether for a half of full day, should align with the amounts specified in your Blanket Purchase Agreement (BPA) or those approved by the contracting officer in your Purchase Order.

Date of Service	Total Hours round up to the hour	Fee (Half/Full Day)	Total Fees	Overtime One hour increments	Overtime Rate (Select overtime rate from drop down)	Overtime Total	TOTAL

(A) Total Fees (cont'd)

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If you need additional space, please print extra copies of this page.

UNITED STATES DISTRICT COURT - MIDDLE DISTRICT OF FLORIDA

Interpreter Authorized Overnight Expense Report (C)

Only Complete This Form If You Are Authorized To Travel

BPA/PO# _____

Interpreter Name/Company Name: _____

Service Date(s): _____ Language: _____

(1) Lodging	Lodging Date(s)	Hotel Name (s)	Room Charge(s) <small>Do not include Hotel taxes and Fees</small>
<p>Attach itemized hotel receipt.</p> <p>Reimbursement for subsistence expenses may be claimed only on an actual expense (itemized) basis, with receipts for lodging and for any expense \$75.00 or more, up to the per diem rates for the city in which the work is performed.</p>			
	Total Lodging Expenses		

(2) Meals and Incidental Expenses	Meals & Incidental Expenses Date(s)	Daily Meal Expenses			Incidental Expenses <small>Miscellaneous Tips* (Porters, baggage carriers, hotel staff)</small>	Meals & Incidental Expenses Subtotals
<p>Please visit http://www.gsa.gov/per diem for the current FY 2026 per diem rates (for lodging, meals and incidental expenses) for the city in which the work is performed (Jacksonville, Ocala, Orlando, Tampa and Ft. Myers).</p>		Breakfast <small>(Include Tips for Meals)</small>	Lunch <small>(Include Tips for Meals)</small>	Dinner <small>(Include Tips for Meals)</small>		
	<small>*Please see page 4, 2(b) for a break down of Incidental Expenses/Misc. Tips</small>					Total Meals & Incidental Expenses

(3) Miscellaneous Expenses	Date(s)	Miscellaneous Expenses					Miscellaneous Expenses Subtotals
		Hotel Taxes	Parking	Transportation Exps. <small>(taxis, Uber, Lyft, Bus)</small>	Tolls	Other (airline baggage fees)	
	Total Miscellaneous Expenses						

(4) Airfare	Travel Date(s)	Departure (City)	Arrival (City)	Airfare	Taxes and /or booking fees	Airfare Subtotals
<p>Attach airfare itinerary and airfare receipts.</p>						
Total Airfare Expenses						

Total Authorized Overnight Expenses	
	Enter (1) Total Lodging Expenses
	Enter (2) Total Meals & Incidental Expenses
	Enter (3) Total Miscellaneous Expenses
	Enter (4) Total Airfare Expenses
	Total Authorized Overnight Expenses

UNITED STATES DISTRICT COURT – MIDDLE DISTRICT OF FLORIDA

INTERPRETER CLAIM FOR COMPENSATION AND EXPENSES

The Interpreter Claim for Compensation and Expenses is the Contract Court Interpreter's **certified** statement/claim for services rendered and allowable expenses. **There are five (5) sections that an interpreter must complete when submitting an invoice for review and payment, as follows:**

1. Identification of the Interpreter (BPA/PO #, mailing address, company name, if applicable, tax id # or ssn # and language).
2. Date of service, case #, caption, type of proceeding, and Judge - **all cases must have a complete case number**. If you have more than one day, or multiple cases in one day, please complete the Addendum to Interpreter Claim for Compensation and Expenses, page 1A. If not, please go to page 2.
3. (A) Interpreter Fees – check your classification level and enter the starting and ending times of your interpreting services. Enter the correct fee claimed (half day or full day) from your current contract.
4. (B) Authorized Travel Expenses - **(complete this section for assignments, with no overnight stay(s). If you had an overnight stay(s), please complete pages 1A and 2.** For mileage, total your round trip mileage (x 0.725 per mile – **this is the current GSA mileage rate, effective 1/1/26, which is subject to change. Please always check the rate before submitting at <http://www.gsa.gov/mileagerate>**) and list the authorized travel expenses (parking, tolls, etc.). The total of all claimed mileage and other authorized travel expenses should be subtotaled for each line used, then added together to be listed in the space for “Total Travel Expenses Claimed.” All subtotaled figures from the fee and authorized travel sections (including the Interpreter Overnight Expense Report, if applicable) are added together and entered in the box labeled “Grand Total (Fee(s), Expenses and Overnight Expenses).
NOTE: You must complete the boxes for Departure/Arrival times (from your residence to court and court to residence) as required by Section 7.1 Payment for Services – General Invoice Requirements in the *Terms and Conditions* document).
5. The last section is the **Certification**. By signing and dating the *Interpreter Claim for Compensations and Expenses*, the Interpreter is stating that: “ I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.”

Invoices must be submitted within thirty (30) days of the date that service was rendered.

UNITED STATES DISTRICT COURT – MIDDLE DISTRICT OF FLORIDA

INTERPRETER AUTHORIZED OVERNIGHT EXPENSE REPORT (C)

The Interpreter Authorized Overnight Expense Report (C) is used for travel-related expenses (airfare, lodging, and meals and incidental expenses and miscellaneous expenses) when an authorized overnight stay is required. There are two (2) sections an interpreter must complete when submitting an overnight expense report for review and payment, as follows:

1. Identification of the Interpreter, BPA/PO #, Service Date and Language.
2. Lodging / Meals and Incidental Expenses / Miscellaneous Expenses / Airfare section – page two (2) is for **DAILY** itemization of the overnight expenses claimed/totaled on this form.

The five (5) subsections in this section are:

- a. Section for entering lodging expenses for the period of travel and a total for the subsection (**please do not include the hotel taxes in this section**).
- b. Section for entering Meals & Incidental Expenses for the period of travel and a total for the subsection. Incidental Expenses include fees or gratuities for services and tips given to porters, baggage carriers, bellhops, hotel maids, room stewards, sky caps and others.
- c. Section for entering Miscellaneous Expenses (hotel taxes, parking, transportation expenses (taxis, Uber, Lyft, bus), tolls, other (airline baggage fees) for the period of travel and a total for the subsection.
- d. Section for entering airfare expenses (travel dates, departure/arrival cities, airfare, taxes) and a total for the subsection.
- e. Section for entering the TOTAL claimed for each subsection. This amount should be entered or will be transferred to the *Interpreter Claim for Compensation and Expenses* for services rendered on the corresponding date.

NOTE: ITEMIZED receipts are required for all expenses \$75.00 or more claimed on this Overnight Expense Report – as required by Section 7.1 Payment for Services – General Invoice Requirements in the Terms and Conditions document. Attached is an itemized receipt example.

This claim form can be emailed, faxed or mailed. Please include all itemized receipts of \$75.00 or more. If you email your claim form, please send it to the three of us, Daisy Alzate, Tracy Church, and Sammantha Ruiz-Yager (email addresses are listed below). If you email or fax your claim form, there is no need to mail the original.

MAIL: Interpreter Services Department, U.S. District Court, Middle District of Florida, 401 W. Central Boulevard, Suite 2100, Orlando, FL 32801; **MAIN PHONE:** (407) 835-5649 **FAX:** (407) 835-8570

Daisy Alzate, Interpreter Services Coordinator, Direct: (407) 835-5998, Daisy_Alzate@flmd.uscourts.gov.

Tracy Church, Interpreter Services Coordinator, Direct: (407) 835-3856, Tracy_Church@flmd.uscourts.gov.

Sammantha Ruiz-Yager, Interpreter Services Coordinator, Direct: (407) 835-4253, sammantha_ruizyager@flmd.uscourts.gov.

Itemized Receipt – Itemized receipts are required for expenses \$75.00 or more. The court does not reimburse for alcohol. If alcohol is listed (as in this example), the alcohol, along with the tax/tip applied to it, will subtracted, and will not be reimbursed.

Credit Card Receipt - Alone, this receipt will not be accepted for reimbursement. An itemized receipt must be included. Please also attach a copy of the credit card receipt if the tip does not appear on the itemized receipt. **Examples Provides Below.**

IBER.PRT

Thank you for dining with
P.F. Chang's China Bistro.
98 S. Second St.
San Jose, CA 95113

Server: Kieley 02/17/2012
Table 26/1 7:17 PM
Guests: 1 #30026

Devils Canyon Amber Drft	4.25
Stella Artois (2 @4.25)	8.50
Pina Colada	6.00
Diet Coke	2.50
HH Chicken Lettuce Wrap (2 @6.00)	12.00
HH Crispy Green Beans	4.00
Egg Roll (4)	7.95
Traditional Spare Ribs (2 @9.45)	18.90
Salt & Pepper Calamari	7.45
Fried Rice	8.95
Subtotal	80.50
Tax	6.65
Total	87.15
Visa	87.15
Tip	10.00
Total	97.15

Auth:015101

X _____

If a 15 Digit Survey Code
is printed above, we cordially
invite you to participate
in our survey at
www.pfchangs.com/survey
Thank you!

--- Check Closed ---

Thank you for dining with
P.F. Chang's China Bistro.
98 S. Second St.
San Jose, CA 95113

Server: Spencer DOB: 02/17/2012
06:40 PM 02/17/2012
Table 26/1 3/30026

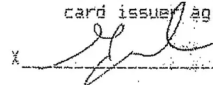
SALE

Visa 5242894
Card #XXXXXXXXXXXX0863
Magnetic card present:
Card Entry Method: S

Approval: 015101

Amount: \$ 87.15
+ Tip: 10.00
= Total: 97.15

I agree to pay the above
total amount according to the
card issuer's agreement.

X 

If a 15 Digit Survey Code
is printed above, we cordially
invite you to participate
in our survey at
www.pfchangs.com/survey
Thank you!

COUNCILMAN
CAMPOL
DUMAS CSS SHARP