

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	Start Time: <small>[please include am/pm with your time]</small>		End Time: <small>[please include am/pm with your time]</small>		Half Day Rate: * FC/PQ: \$226.00 LS: \$111.00	Full Day Rate:** FC/PQ:\$418.00 LS: \$202.00
	Overtime - if workday exceeds eight hours, not including meal periods	Overtime Start Time:	Overtime End Time:		Total Overtime Hours: _____	Overtime Rates: FC/PQ:\$59.00/hr. LS: \$35.00/hr.

*Half Day - services up to and including 4 hours in one day, including travel time, if authorized.

(A) Total Fees

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**Full Day - services in excess of 4 hours up to and including 8 hours in one day, including travel time, if authorized.

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

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(B) Authorized Travel Expenses (complete this section only if you have received authorization and your residence to the court is 30 miles or more one way)

Mileage (30 miles or more - one way - from your residence to the court)	Departure Time from Residence/Hotel	Arrival Time at Court/Hotel	Departure Time from Court/Hotel	Arrival Time at Residence/Hotel	Total Miles Traveled:	
<small>[please included am/pm with your time]</small>	City:	City:	City:	City:	_____ miles	
	Time:	Time:	Time:	Time:		
Other Authorized Expenses (Parking, tolls, bus, miscellaneous)	Do not include expenses (parking, tolls, public transportation, misc.) if you are submitting an Overnight Expense Report (C).		Enter total miles traveled x \$0.58/mile (GSA rate as of 1/1/2019)			
			Parking:			
			Tolls:			
			Public Transportation:			
			Miscellaneous:			
		Enter total parking, tolls, public transportation and miscellaneous expenses				

If you have worked more than 1 day, please go to page 1A for additional space

(B) Total Travel Expenses Claimed

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(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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(C) Total Overnight Expenses Claimed

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

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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 _____ (ex. US Probation, US Pretrial, CJA, Public Defender, etc.). 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

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

_-092000-DXXBBCX-D11FLMC-2523

Approving Officer: _____ Date: _____

GPC # _____

Certifying Officer: _____ Date: _____

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 Ex. 8.1, 8.2, 8.3 - see conversion chart below

FEDERALLY CERTIFIED (FC)/PROF. QUALIFIED (PQ) RATES: Full Day: \$418.00 – Half Day: \$226.00 – Overtime*: \$59.00/hour

LANGUAGE SKILLED (LS): Full Day: \$202.00 – Half Day: \$111.00 – Overtime*: \$35.00/hour

HALF DAY – services up to and including 4 hours in one day, including travel time, if authorized.

FULL DAY – services in excess of 4 hours, up to and including 8 hours in one day, including travel time, if authorized.

*** Overtime applies if the workday exceeds 8 hours, not including meal periods, and is calculated in tenths of an hour.**

(Ex. Total Hours = 10 hours – 1 hour lunch = 9 hours = a full day and 1 hour overtime).

FC/PQ - \$418.00/\$226.00
LS - \$202.00/\$111.00 Conversion Chart Below FC/PQ - \$59.00/hr.
LS - \$35.00/hr.

Date of Service	Total Hours	Subtract Meal Period, if applicable (1 hr for lunch)	Fee (Half/Full Day)	Overtime, if applicable (Tenths of an Hour)	Overtime Rate	Overtime Total	TOTAL

Conversion Chart

(A) Total Fees (cont'd)

Minutes	Time
1-6	.1
7-12	.2
13-18	.3
19-24	.4
25-30	.5
31-36	.6
37-42	.7
42-48	.8
49-54	.9
55-60	1.0

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)
				<i>Do not include Hotel taxes and Fees</i>
Attach itemized hotel bill and hotel receipts. Reimbursement for subsistence expenses may be claimed only on an actual expense (itemized) basis, with receipts for lodging and for any expense of more than \$25.00 up to the per diem rates for the city in which the work is performed.				
Total Lodging Expenses				

(2) Meals and Incidental Expenses	Meals & Incidental Expenses Date(s)	Daily Meal Expenses			Incidental Expenses	Meals & Incidental Expenses Subtotals
		Breakfast <i>(Include Tips for Meals)</i>	Lunch <i>(Include Tips for Meals)</i>	Dinner <i>(Include Tips for Meals)</i>	Miscellaneous Tips <i>(Porters, baggage claim, hotel staff)</i>	
Please visit http://www.gsa.gov/perdiem for the current FY2019 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).						
Total Meals & Incidental Expenses						

(3) Miscellaneous Expenses	Date(s)	Miscellaneous Expenses				Miscellaneous Expenses Subtotals
		Hotel Taxes & Fees	Fees & Tips <i>(Taxi, etc.)</i>	Ground Transportation	Parking/ Tolls	
Total Miscellaneous Expenses						

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

Total Authorized Overnight Expenses Fill in the total amount in the "(C)Total Overnight Expenses Claimed" section of the Interpreter Claim for Compensation and Expenses for the last day of service	<i>Enter (1) Total Lodging Expenses</i>					
	<i>Enter (2) Total Meals and Incidental Expenses</i>					
	<i>Enter (3) Total Miscellaneous Expenses</i>					
	<i>Enter (4) Total Airfare Expenses</i>					
	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, 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. Any claim for overtime (if your workday exceeds eight (8) hours, not including meal periods) must be documented in this section.
4. (B) Authorized Travel Expenses - (**complete this section only if you have received authorization and your residence to the court is 30 miles or more one way**). If you are claiming mileage, total your round trip mileage (x 0.58 per mile – **this is the current GSA mileage rate which is subject to change. Please always check the rate before submitting at <http://www.gsa.gov/mileagerate>**) and list other authorized expenses (parking, tolls, etc.). The total of all claimed mileage and other authorized 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: If you are claiming mileage reimbursement– 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 expense) when an authorized overnight stay is required. There are two (2) sections that an interpreter must complete when submitting an overnight expense report for review and payment, as follows:

1. Identification of the Interpreter, BPA #, Name, 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 subtotal for the subsection (**please do not include the hotel taxes and fees in this section**)
- b. Section for entering Meals & Incidental Expenses for the period of travel and a subtotal for the subsection
- c. Section for entering Miscellaneous Expenses (hotel taxes and fees, tips, ground transportation, parking/tolls, etc.) for the period of travel and a subtotal for the section
- d. Section for entering airfare expenses (travel dates, departure/arrival cities, airfare, booking and other fees) and a subtotal for the subsection
- e. Section for entering the TOTAL claimed (from the previous subsections). 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 over \$25.00 claimed on this *Overnight Expense Report* – as required by Section 7.1 Payment for Services – General Invoice Requirements in the *Terms and Conditions* document).

This claim form can be emailed, faxed or mailed, along with all necessary itemized receipts, to: darlene_knapp@flmd.uscourts.gov, (email); (407) 835-5989 (fax); Darlene Knapp, Administrative Specialist, U.S. District Court, Middle District of Florida, 401 West Central Boulevard, Suite 2100, Orlando, FL 32801 (mail). **Please note that if you email or fax your claim form, you do not have to mail the original.**