



**UNITED STATES DISTRICT COURT
DISTRICT OF SOUTH CAROLINA
DIVISION**

Revision date: January 1, 2025

<p align="center">Interpreter Information</p> <p>Interpreter Name: _____ Agency: _____ Address: _____ Language Interpreted: _____ Phone #: _____</p>	<p align="center">Case Information</p> <p align="center">USA vs. _____</p> <p><u>Defendant's Last Name</u> <u>Case Number</u></p>
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Interpreter Only

INTERPRETATION FEE	Certified: full day \$566, half day \$320, overtime \$80 per hour or part thereof. If other rate(s) apply, list here: _____	
	Professionally Qualified: full day \$495, half day \$280, overtime \$70 per hour or part thereof. If other rate(s) apply, list here: _____	
	Language Skilled: full day \$350, half day \$190, overtime \$44 per hour or part thereof. If other rate(s) apply, list here: _____	
TRAVEL INFORMATION	Departure time from residence: _____ Arrival time at court destination: _____ Departure time from court location: _____ Arrival time at residence at the end of travel: _____	
MILEAGE Authorized point of departure to the courthouse <i>(most direct route)</i>	Number of miles round-trip: _____	
PARKING		
ACTUAL SUBSISTENCE	Original itemized receipts must be attached for all actual expenses up to per diem (hotels, meals, transportation, etc.).	
By signing below, I hereby certify that I rendered the services described herein, that said services were rendered in accordance with the Contract Court Interpreter Services Terms and Conditions, and that no other federal court unit, Federal Public Defender, Community Defender Organization, or other attorneys or entities obtaining interpreting services under the CJA or the Defender Services appropriation has been or will be billed for the same period of service or travel expenses.		TOTAL: _____
Interpreter's Signature: _____	Date of Service: _____	

Deputy Clerk Only

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

Procurement Only Reviewed for Payment	
_____ - 092000 - DXXBBCX - D04SCX_____ - 2523	
AMOUNT \$ _____	Date: _____
PO #: _____	P2 #: _____
Signature: _____	BPA# _____