



☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_  
City/County

Plaintiff/Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_

Plaintiff/Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_

Plaintiff/Defendant Name \_\_\_\_\_ Case Number \_\_\_\_\_

Type of proceeding: ☐ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Other \_\_\_\_\_

Invoice #: \_\_\_\_\_

### INTERPRETER INVOICE

Invoice Date: \_\_\_\_\_ Interpreter Name: \_\_\_\_\_

Interpreter Company (if applicable): \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address\*: \_\_\_\_\_ SSN/FEIN: \_\_\_\_\_

Street Address

Required by the State Comptroller

City/County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Lunch: Start: \_\_\_\_\_ End: \_\_\_\_\_

Language/Dialect: \_\_\_\_\_

☐ 4 hr min:

Date of Assignment: \_\_\_\_\_ Time: Start: \_\_\_\_\_ End: \_\_\_\_\_

Judge: \_\_\_\_\_ Courtroom No./Location: \_\_\_\_\_

Rate of Compensation: \_\_\_\_\_ x \_\_\_\_\_ per hour = \$ \_\_\_\_\_

Mileage (if applicable): \_\_\_\_\_ x 0.535 per mile = \$ \_\_\_\_\_

Parking (if applicable): \_\_\_\_\_ = \$ \_\_\_\_\_

Travel time (if applicable): \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_

**Cancellation: (less than 48 hours notice)** \_\_\_\_\_

Interpreter Notified of Cancellation: (date/time) \_\_\_\_\_ ☐ upon arrival

☐ 2 hr min ☐ 4 hr min x \_\_\_\_\_ per hour = \$ \_\_\_\_\_

Additional Charges (if applicable): \_\_\_\_\_ = \$ \_\_\_\_\_

**Total Reimbursement:** = \$ \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Interpreter/Company Representative

\_\_\_\_\_  
Signature of Interpreter/Company Representative

INV. DATE		REC. DATE	INVOICE
	PCA	Object	Amount
DC		0891	
CC	60141	0891	

APPROVED FOR PAYMENT	
Print Name	
Authorized Signature	Date
Title	

\*Interpreter's Home Address if Interpretation Company's address or P.O Box is entered. \_\_\_\_\_

**Invoices must be approved and processed in GEARS by authorized court reviewers within 3 days of receipt.**