

**OREGON JUDICIAL DEPARTMENT \*COURT INTERPRETER SERVICES\* INTERPRETER BILLING STATEMENT**

Name (please print): \_\_\_\_\_ Vendor or Federal Tax ID # \_\_\_\_\_ Language (one per statement): \_\_\_\_\_

Consortium Certified: Yes  No

Check here if registered for electronic deposit  Check here if new address

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I, the undersigned, provide information on this fee statement which is true and accurate. I personally provided the interpreting services as stated in this fee statement for the Oregon Judicial Department and in the matters noted in this fee statement. I did not and shall not bill for or accept payment from any other party, including any other state government body of the State of Oregon for the interpreter service time billed here, except as allowed under section C.8 of the OJD Payment Protocols for Court Interpreters Paid from Mandated Payments.

Instructions on page 2

Signature of Court Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_

Assignment Information and Billable Hours									Mileage and Travel Time (cities traveled / pre-authorized only)						
Date	County	START time	END time	OJD Staff Initials	Total Hours	Billable Hours (if different)	Cancelled Date/Time	CRB (Y/N)	Date	From	To	To	To	Miles	Travel Time Hours

Billable Rate: _____	Total Billable Hours: _____	Total Miles: _____	Total Travel Time Hours: _____
BOX A Billable hours Amt. (rate x hrs) \$ _____		BOX B Mileage Amt. (miles x rate) \$ _____	BOX C Travel Time Amt. (hrs x rate) \$ _____

Other Expenses (Pre-authorized only)			GRAND TOTAL	
Date	Expense Type (per diem, rental car)	Amount	BOX A Billable Hours Amt. \$	BOX B Mileage Amt. \$
BOX D Other Expense Amt. \$ _____				
			<b>GRAND TOTAL AMT. \$</b>	

**For Court Interpreter Services / OJD use Only**

Project No 350000, Phase: <input type="checkbox"/> 01 Certified <input type="checkbox"/> 02 Registered <input type="checkbox"/> 03 Cond Approved					
Interpreter Fees			Interpreter Travel		
PCA	AOBJ	Amount	PCA	AOBJ	Amount
31		\$	35		\$
31		\$	35		\$
31		\$	35		\$
31		\$	35		\$

For Court Interpreter Services / OJD use only  
 Preaudited By: \_\_\_\_\_  
 Date: \_\_\_\_\_  
  
 Approved for Payment By: \_\_\_\_\_  
 Date: \_\_\_\_\_

For BFSD Only

VP#

**General Instructions:** Fill out the Interpreter Billing Statement in its entirety. Use a separate Interpreter Billing Statement for each county, unless multiple assignments occur in different counties on the same day. Interpreter Billing Statements must be original. No faxes can be accepted. The OJD pays its vendors promptly, making payments within 30 days of receipt of the Interpreter Billing Statement.

**Mileage Reimbursement Instructions:** Interpreters working in the Oregon Courts shall follow the OJD Payment Protocols for Court Interpreters Paid from Mandated Payments. Non-certified interpreters or interpreters certified in any other state must have pre-authorization for mileage at the time the assignment is confirmed. Mileage is calculated from *city to city* using the current Oregon DAS mileage chart (<http://www.oregon.gov/ODOT/TD/TDATA/otms/docs/MileageChart.pdf>). For cities not on the DAS chart, mileage will be calculated using Google Maps, city to city. Please use a separate line for each calendar day. If other than round trip, record each city visited.

**Travel Time Instructions:** Interpreters working in the Oregon Courts shall follow the OJD Payment Protocols for Court Interpreters Paid from Mandated Payments. Non-certified interpreters or interpreters certified in any other state must have pre-authorization for travel time at the time the assignment is confirmed.

**Travel Time formula:** Number of miles X 1.2 ÷ by 60. Multiply the result by your travel time rate.

**Other Expenses:** Interpreters must have pre-authorization for any other expenses at the time the assignment is confirmed. Please submit originals of the expense receipts, taped to a separate piece of paper. Meal and TriMet receipts are not required.

Abbreviations for Counties	
Baker – BAK	Lake – LAK
Benton – BEN	Lane – LAN
Clackamas – CLA	Lincoln – LNN
Clatsop – CLT	Linn – LIN
Columbia – COL	Malheur – MAL
Coos – COO	Marion – MAR
Crook – CRO	Morrow – MOR
Curry – CUR	Multnomah – MCR
Deschutes – DES	Polk – PLK
Douglas – DOU	Sherman – SHE
Gilliam – GIL	Tillamook – TIL
Grant – GRA	Union – UNI
Harney – HAR	Umatilla – UMA
Hood River – HOO	Wallowa – WAL
Jackson – JAC	Wasco – WAS
Jefferson – JEF	Washington – WSH
Josephine – JOS	Wheeler – WHE
Klamath – KLA	Yamhill – YAM

**Cancellation Policy:** OJD will pay a cancellation minimum if an assignment cancels after 12pm two judicial days prior to the day of the assignment. Subsequent days of multiple day assignments are subject to this same cancellation agreement. Travel time is not reimbursable during blocks of time or minimums.

**Interpreter Notes:**

**Please mail completed Billing Statements to:**  
 Court Interpreter Services  
 1163 State Street  
 Salem OR 97301

Contact the Court Interpreter Services Management Assistant with payment questions at (503) 986-6407

Visit us on the web at <http://courts.oregon.gov/CIS>