



**NEW YORK STATE UNIFIED COURT SYSTEM  
PER DIEM COURT INTERPRETER INVOICE**

**INTERPRETER INSTRUCTIONS:**

- Complete all items in Section A
- Submit form to court personnel, who will fill-in Section B
- Sign the form at the conclusion of the assignment (Section C)
- Keep a copy for your records

**COURT PERSONNEL INSTRUCTIONS:**

- Complete all items in Section B
- Verify the hours worked with the E-system check-in/check-out, and attach a copy of the completed check-in page
- Sign the form at the conclusion of the assignment (Section C)
- Forward invoice to local Fiscal or District Administrative office for processing of payment

**SECTION A- TO BE COMPLETED BY THE INTERPRETER**

▼ **NAME** (clearly PRINT full name)

---

▼ **VENDOR ID #** (A Vendor ID is required for all payments) if the Vendor ID# is not yet issued or unknown, enter the interpreter's **SOCIAL SECURITY** or **TAXID#** ▼

---

▼ **AGENCY OR BUSINESS NAME** (if applicable) ▼

---

▼ **ADDRESS** ▼ **CITY**

---

▼ **STATE**      ▼ **ZIP**      ▼ **TELEPHONE**

**SECTION B- TO BE COMPLETED BY COURT PERSONNEL (ONLY)**

▼ **DATE OF INTERPRETER ASSIGNMENT**      ▼ **COURT**

---

▼ **STREET ADDRESS**      ▼ **CITY**      ▼ **COUNTY**

---

**WAS THIS A REMOTE INTERPRETING APPEARANCE?** \*YES:  NO:  \*IF YES Indicate remote technology used: VIDEO:  PHONE:

---

**IF YES: COURT THAT REQUIRED THE REMOTE INTERPRETER** (This is the Court that pays the Interpreter) ▼

---

**IF YES: FROM WHICH COURT DID THE REMOTE INTERPRETER PHYSICALLY REPORT/APPEAR?** ▼

---

COURT PART	CASE NAME OR DOCKET #	LANGUAGE	*START TIME	*END TIME

---

▼ APPROVED PAYMENT TYPE	▼ AMOUNT **
<input type="checkbox"/> HALF-DAY	
<input type="checkbox"/> FULL-DAY:	
<input type="checkbox"/> OTHER:	

\* attach a copy of the completed check-in/ check-out page from the E-system

\*\* NYS Unified Court System rates for per diem court interpreters is \$140 for half-day (up to four hours in duration); \$250 for full day. Amount will be verified by UCS Administrative personnel prior to payment.

**SECTION C- SIGNATURES (REQUIRED)**

**INTERPRETER:**

The payment requested reflects services that I have provided, in compliance with UCS policies and procedures for court interpreters. I hereby affirm that on the date of the interpreting assignment indicated on this form (you must check one of these options):

- I HAVE NOT worked in another court within the UCS
- I HAVE worked in another court within the UCS. Indicate court and county: \_\_\_\_\_

Interpreter Name (print) ▲ Interpreter Signature ▲ Date ▲

**COURT PERSONNEL:**

I certify that this invoice is just, true and correct, and that the services rendered were used in the performance of official functions and duties.

Court Employee Name & Title (print) ▲ Court Employee Signature ▲ Date ▲

FOR FISCAL PROCESSING / BUDGET OFFICE USE: