# Riverside County Superior Court
# Interpreter Voucher

## GRAY BOXES ARE FOR COURT USE ONLY

| V# | BUS UNIT **SCARC** | P.V. DATE | VOUCHER # |
|---|---|---|---|

ACCOUNT

☐ PER DIEM 524980

☐ MILEAGE 525000

FUND: ☐ SCCTF ☐ SCNCTF ☐ SCREG ☐ SCNREG ☐ SCSNLG

DEPT ID: **924001**

PROJECT: **SCC120**

**VENDOR INFORMATION**

**NAME:**

**VENDOR NUMBER:**

**ADDRESS:**

**CITY, STATE & ZIP CODE:**

**INTERPRETER SIGNATURE:**

**PRINT INTERPRETER NAME:**

**LANGUAGE:**

Check Only One:
☐ COURT CERTIFIED ☐ FEDERALLY CERTIFIED
☐ ADMIN. HRG CERTIFIED
☐ NON-CERTIFIED ☐REGISTERED
☐NON-REGISTERED ☐SIGN LANGUAGE

**CASE NUMBER & NAME OF CASE:**
(if more than one case, list just one case)

**LOCATION:**

**ADDITIONAL INFORMATION (for court interpreter coordinator use):**

| **DATE OF SERVICE** | **FULL DAY AMOUNT $** | **HALF DAY AMOUNT $** | **MILEAGE (0.34 CENTS PER MILE) Minimum of 60 miles round trip** | | |
|---|---|---|---|---|---|
| | $ | $ am or pm (circle one) | To/From | # Miles | $ Amount |
| | $ | $ am or pm (circle one) | To/From | # Miles | $ Amount |
| | $ | $ am or pm (circle one) | To/From | # Miles | $ Amount |
| | $ | $ am or pm (circle one) | To/From | # Miles | $ Amount |
| | $ | $ am or pm (circle one) | To/From | # Miles | $ Amount |
| **TOTALS** | **$**_____ | **$**_____ | | | **$**_____ |

**VOUCHER CLAIM TOTAL: $ _____**

**********************BELOW IS FOR COURT USE ONLY***************************

**Amount Authorized: __$_____**

Authorized By: _____ Printed Name: _____ Phone # _____

Date: _____

Form Revised:10 /30/02