

**Riverside Superior Court County of Riverside  
Interpreter Voucher  
GRAY BOXES ARE FOR COURT USE ONLY**

V #	V#	V#	V#	V#
ACCOUNT:		FUND: 110001	COST CENTER:	
			PECT: 1320	

<b>VENDOR INFORMATION</b>	
Name of Agency: Address:	Name of Interpreter: City
	Vendor No. State & Zip Code
Language: STATUS-(check only one) <input type="checkbox"/> Court Certified-938504 <input type="checkbox"/> Non-Certified-938506 <input type="checkbox"/> Registered- 938503 <input type="checkbox"/> Not-Registered-938505 <input type="checkbox"/> Sign Language-938507	If multiple day's list one case number per day. If more than one case, just list one case <b>LOCATION:</b> <input type="checkbox"/> Larson Justice-332100 <input type="checkbox"/> Blythe 332200 <input type="checkbox"/> Palm Springs 332300 <input type="checkbox"/> Indio Juvenile 332400 <input type="checkbox"/> SWJC 333100 <input type="checkbox"/> Hemet 333200 <input type="checkbox"/> Temecula 333300 <input type="checkbox"/> Banning 333400 <input type="checkbox"/> HOJ 334100 <input type="checkbox"/> Historic 334200 <input type="checkbox"/> Family Law 334300 <input type="checkbox"/> Riv. Juvenile 334400 <input type="checkbox"/> Corona 334500 <input type="checkbox"/> Moreno Valley 334600
	<b>CASE NUMBER &amp; NAME</b>
1. <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NIGHT COURT	4. <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NIGHT COURT
2. <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NIGHT COURT	5. <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NIGHT COURT
3. <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NIGHT COURT	

**Additional Information (for court interpreter coordinator use)**

Date of Service	Full or Half Day Amount	Lodging Amount 938511	Transportation – (Mileage, Airfare, etc) Mileage given at the standard state rate. Minimum of 60 miles round trip				
			# Miles	\$Amount 938509	Airfare 938502	MISC	
1.	\$ <input type="checkbox"/> Full <input type="checkbox"/> Half	\$	To/From		\$	\$	\$
2.	\$ <input type="checkbox"/> Full <input type="checkbox"/> Half	\$	To/From		\$	\$	\$
3.	\$ <input type="checkbox"/> Full <input type="checkbox"/> Half	\$	To/From		\$	\$	\$
4.	\$ <input type="checkbox"/> Full <input type="checkbox"/> Half	\$	To/From		\$	\$	\$
5.	\$ <input type="checkbox"/> Full <input type="checkbox"/> Half	\$	To/From		\$	\$	\$
<b>TOTALS</b>	\$	\$			\$	\$	\$

**VOUCHER CLAIM TOTAL: \$** \_\_\_\_\_

Date :	Interpreter Signature
The undersigned, under penalty of perjury, states: The above date(s) and time(s) and amount(s) requested are true and correct; are in conformity with the negotiations made with the interpreter coordinator and that no part thereof has been previously paid. All receipts are attached as requested for payment.	
<b>Note: All vouchers for services rendered must be submitted to the Superior Court within 60 days from the date of service for payment.</b>	

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

Internal Voucher # _____	Amount Authorized\$ _____	Date: _____
Authorized By: <input type="checkbox"/> Regional Interpreter Coordinator	<input type="checkbox"/> Court Interpreter Administrator	<input type="checkbox"/> Deputy Court Executive Officer
Printed Name _____	Phone Ext. No. _____	Signature _____