

**RIVERSIDE SUPERIOR COURT, COUNTY OF RIVERSIDE  
INDEPENDENT CONTRACTOR INTERPRETER VOUCHER**

**RI-IN004**

Name of Agency: \_\_\_\_\_ Name of Interpreter: \_\_\_\_\_ Vendor No.: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Remittance Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Language: \_\_\_\_\_ **FUND 110001 / COST CENTER 335936 / PECT 1320**

Status – (check one only)     Banning     Blythe     Corona     Hemet     Indio-Juvenile     Indio-Larson     Moreno Valley  
 Sign Language (938507)     Palm Springs     Riv. Family Law     Riv. HOJ     Riv. Historic     Riv. Juvenile     Southwest     Temecula  
 Court Certified (938504)  
 Non-Certified (938506)  
 Registered (938503)  
 Non-Registered (938505)

ASSIGNMENT NUMBER			
1.	4.	7.	10.
2.	5.	8.	11.
3.	6.	9.	12.

**Transportation (Mileage, airfare, etc.)** – Mileage is paid at the standard state rate, according to MapQuest and based on the shortest distance. In order to claim mileage, a minimum of 60 miles must be traveled roundtrip. Each location traveled must be entered.

Date of Service	Full/Half Day Amount		Lodging Amount (938511)	From	To	No. of Miles	Mileage Amount (938509)	Airfare/Travel Time (938502)	ASL and OTS Independent Contractor Interpreters ONLY	
	<input type="checkbox"/> Half	<input type="checkbox"/> Full							Parking (938502)	Meals (938510)
	\$		\$				\$	\$	\$	\$

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

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.

Date: \_\_\_\_\_ Interpreter Signature: \_\_\_\_\_ or **Electronic Signature via e-mail confirmed by coordinator or designee**

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

**Note: All vouchers for services rendered must be submitted to the Superior Court within 30 days from the date of service for payment.**

**INTERPRETER SERVICES DIVISION USE ONLY**

Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 DCSS: FUND 190100 / COST CENTER 335330 / PECT 1320    DV and CIVIL: FUND 110001 / COST CENTER 335936 / PECT 1320  
 DCSS: WBS-G-331059-1-16 \$ \_\_\_\_\_    DV: WBS O-339405 \$ \_\_\_\_\_    CIVIL: WBS O-339406 \$ \_\_\_\_\_  
 Internal Voucher No. \_\_\_\_\_ Amount Authorized \$ \_\_\_\_\_  Mileage Verified  
 Authorized By:     Court Services Coordinator     Division Supervisor / Manager     Deputy Executive Officer  
 Processed By:     B. Gallegos (704-7590)     I. Gurrola (777-3743)     R. Mazari (393-2412)     V. Lopez (777-3963)     A. Cervantes (777-3735)  
 \_\_\_\_\_ (DATE)    \_\_\_\_\_ (SIGNATURE)