King County District Court Interpreter Service Invoice

| Signature: Printed Name: | Claimant Certification: I hereby certify that under penalty of perjury that this is a true and correct claim for interpreter services provided by me on behalf of King County District Court and no payment has been received by me on account thereof. | | | | | | | | | Date Location | Attention: Interpreter Payment/1593 | Address: 1625 19TH NENIUE, SEATTLE, WA 98122 If you have a new address, please complete the address change form located on our web site. | Name/Agency HEARING SPEECH & DEAFNESS CENTER |
|--------------------------|---|-------------|-------------|--|--|----|--|---|-----------------|---------------------------------------|---|--|--|
| | | | 20 | | | - | | | | | er Payment/1593 | dress, please com | ARING, SPEG |
| | | | | | | 22 | | | | Job ID# | | NUE SEAT | CH & DEAT |
| | | | | | | | | | | Time-In | | nange form located of | ACSS CE |
| | | Total Miles | Total-Hours | | | | | | | Time-Out Hours | This invoice mus court on the day | | |
| | claim for interprete | | | | | | | ¥ | | ID or this invoice | of service. All in | Washington S | Phone: (206)6: |
| Dated: | er services provided by me on behalf of | | | | | | | 5 | Initials | is invoice may NOT be honored or paid | This invoice must be signed by a court clerk and submitted to the court on the day of service. All information below must be supplied including the Joh ID or this invoice may NOT be a supplied. | State Court Certi | (206)632-7100 ner |
| | | | | | | | | | Clerk Signature | onored or paid. | | Washington State Court Certification ☐ Yes ☐ No | יםי אפד |