## SNOHOMISH COUNTY COURTS INTERPRETER INVOICE

		Travel Documentation: See back for Form	tion: See be	Documenta	Travel 1		
Date:			Printed Name:	Prin			Signature:
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 the Court and no payment have been received by me on account thereof.	orrect claim for ereof.	nis is a true and c me on account th	perjury that th n received by 1	ter penalty of nent have bee	ertify that unc rt and no payn	Claimant Certification: I hereby certify that under penalty of perjury that this is a true and correct provided by me on behalf of the Court and no payment have been received by me on account thereof.	Claimant Certifi provided by me o
	(Completed By court staff)	Half-Hour increments Began Ended	Type	Type	Number	Party	(Division/Court)
Court Official	Total	Time	Hearing	Case	Case	Requesting	Location
This invoice must be signed by a court clerk/official and submitted to the court on the day of service. All information must be supplied or this invoice may NOT be honored or paid.	y of service. A	court on the da	mitted to the	ficial and <u>sub</u> r paid.	ourt clerk/off be honored o	This invoice must be signed by a court clerk/official a supplied or this invoice may NOT be honored or paid.	This invoice mu supplied or this
ified   Yes   No ion   PM Session	In-Court Qualified [  AM Session [	Yes No	Washington Court Registered 🗌 Yes 🗌 No	ashington Cour		Washington Court Certified   Yes   No Federal/Oregon Certified   Yes   No	Washington Court Federal/Oregon Ce
	FAX:			Phone:			Address:
Date of Service:	Date	Language:	Lang			/Agency Name:	Interpreter Name/Agency Name:
	Marysville		Iviunicipal Court:   Edmonds   Everett   Lynnwood	Edmonds	ipai Court	HILLIAN	
Denney Other	Courthouse [		SU	Cascade	South	District: Everett Evergreen South Cascade	District: Ev
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Purposes of this Form include facilitating the court's eligibility under the Washington State Administrative Office of the Courts (AOC) Interpreter Services Funding Program by:

1. Compiling data required by the AOC for interpreter services reimbursement.

2. Establishing pay rates that are in conformance with the AOC Payment Structure.