

OJD \*COURT LANGUAGE ACCESS SERVICES\* INTERPRETER BILLING STATEMENT

(OJD Only) VP# \_\_\_\_\_

Name (& Business Name): \_\_\_\_\_

OJD Vendor #: \_\_\_\_\_

Language: \_\_\_\_\_

(OJD Only) AOBJ: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check if New Address:

Revised 9/5/2023

**Interpreting Time and Billable Fee**

Interpreting Rate: \_\_\_\_\_

Date	County	START Time	END Time	Actual Hours	Billable Hours	Cancelled Date/Time	Billable Amount	CRB (Y/N)
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	

Total Billable Interpreting Fee: \$ \_\_\_\_\_

**Preauthorized Mileage**

Mileage Rate: \_\_\_\_\_

Date	County	City From	City To	Miles	Billable Mileage	Round Trip Y/N
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	

Total Preauthorized Mileage: \$ \_\_\_\_\_

**Preauthorized Ground Travel**

Travel Rate: \_\_\_\_\_

Date	County	Total Miles	Divided by 50	Travel Time	Less Travel During Block	Billable Travel Time	Billable Travel Fee	Round Trip Y/N
			/50				\$	
			/50				\$	
			/50				\$	
			/50				\$	
			/50				\$	

Total Preauthorized Ground Travel: \$ \_\_\_\_\_

**Other Preauthorized Items**

(submit receipts)

Date	County	Expense Type (TriMet, Per Diem, Flat Travel, Air Travel, etc.)	Amount
			\$
			\$
			\$
			\$

Total Other Preauthorized Items: \$ \_\_\_\_\_

**For OJD Use Only**

PCA	Amount
31	\$
31	\$
31	\$
31	\$
31	\$

Description: Interpreting

PCA	Amount
35	\$
35	\$
35	\$
35	\$
35	\$

Description: Mileage

**For Court Interpreter Services / OJD Use Only**

Project 350000 / 06

Preaudited By & Date: \_\_\_\_\_

Approved for Pmt & Date: \_\_\_\_\_

**TOTAL PAYMENT TO INTERPRETER**

Total Billable Interpreting Fee:	\$
Total Preauthorized Mileage:	\$
Total Preauthorized Ground Travel:	\$
Total Other Preauthorized Items:	\$
<b>TOTAL PAYMENT:</b>	<b>\$</b>

I, the undersigned, personally provided the interpreting services as stated in this billing statement for the Oregon Judicial Department. I did not and shall not bill for or accept payment from any other party, including any other state government body of the State of Oregon for the services and expenses billed here, except as allowed under section C.8 of the OJD Payment Protocols for Court Interpreters Paid from Mandated Payments. By signing or typing my name below, I certify the information on this statement is true and accurate.

Signature of Court Interpreter: \_\_\_\_\_

Date: \_\_\_\_\_