

OJD *COURT LANGUAGE ACCESS SERVICES* INTERPRETER BILLING STATEMENT

(OJD Only) VP# _____

Name (& Business Name): _____

OJD Vendor #: _____

Qualification: Consortium Certified OJD Registered Other

Language: _____ (OJD Only) AOBJ: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Check if New Address:

Rev. 3/2022

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:							\$	

For OJD Use Only	
PCA	Amount
31	\$
31	\$
31	\$
31	\$
31	\$
Description: Interpreting	
PCA	Amount
35	\$
35	\$
35	\$
35	\$
35	\$
Description: Mileage	

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 Court Interpreter Services / OJD Use Only
Project 350000
Phase: ___ 01 Certified ___ 02 Registered ___ 03 Cond. Approved
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:	\$
TOTAL PAYMENT:	\$

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: _____

OJD CLAS Interpreter Billing Statement Instructions

General Instructions:	<ul style="list-style-type: none"> ▪ Interpreters working in the Oregon Courts shall follow the <i>Oregon Judicial Department (OJD) Payment Protocols for Contract Court Interpreters</i>. A link is provided below. Parts of the Payment Protocols are repeated in these instructions for your convenience. If these instructions conflict with the Payment Protocols, the Payment Protocols will be followed. ▪ Please use a separate line for each assigned block AND each county - for all sections. ▪ Billing Statements must be signed by the Court Interpreter, or they will be returned for completion. ▪ OJD expects to issue payment within 30 days of receiving a correct Billing Statement. ▪ Billing Statements must be filled out completely and correctly. Corrections to a Billing Statement may delay payment past 30 days. If you have questions about completing your Billing Statement, please contact Court Interpreter Services (contact info below). ▪ If you are registered for electronic deposit, your payment will be deposited into your account. 						
Link to Payment Protocols:	Oregon Judicial Department (OJD) Payment Protocols for Contract Court Interpreters						
Name (& Business Name):	<ul style="list-style-type: none"> ▪ Enter your name. If you are providing interpreting services under a business name, please enter both names as Your Name DBA Business Name. (DBA means "doing business as.") 						
OJD Vendor #:	<ul style="list-style-type: none"> ▪ This is a vendor number assigned by the State of Oregon. This is not your SSN or a Taxpayer ID #. ▪ If your check will be payable to your business name, the OJD Vendor # should match that name. ▪ If you have questions about your vendor number, contact Court Interpreter Services. 						
Qualification:	<ul style="list-style-type: none"> ▪ Select Consortium Certified if you have received a certified credential in Oregon, or in another State who is a member of the National Center for State Courts (NCSC) Consortium. ▪ Select OJD Registered if you have received a registered credential in Oregon. ▪ Select Other if you are not Oregon certified or Oregon registered. 						
Language:	<ul style="list-style-type: none"> ▪ Please list services for only one language per billing statement. 						
Address & New Address:	<ul style="list-style-type: none"> ▪ Enter the address your check or other communications should be mailed to. ▪ If your address has changed, mark the box for Check if New Address to avoid a payment delay. 						
Interpreting Time and Billable Fee:	<ul style="list-style-type: none"> ▪ Round Billable Hours up to the nearest 15 minutes or 0.25 hours. ▪ Travel during an interpreting block is not billable. ▪ Travel for an officially released interpreter who begins travel within a 2 hour block or less will be paid in full. ▪ CRB Y/N: If the interpreting was for a Citizen Review Board, enter Y for yes. Otherwise, enter N for no. 						
Preauthorized Mileage:	<ul style="list-style-type: none"> ▪ Will be paid to interpreters for travel outside their city of residence. ▪ Mileage is calculated from city to city using the current OJD - CLAS Mileage Chart. ▪ For cities not included on the DAS chart, mileage is calculated using Google Maps, city to city. ▪ Round Trip Y/N: If the miles listed are for travel to and from the assigned block, enter Y for yes. Otherwise, enter N for no. 						
Link to Oregon DAS Mileage Chart:	OJD - CLAS Mileage Chart						
Preauthorized Ground Travel:	<ul style="list-style-type: none"> ▪ Will be paid to interpreters when miles traveled one way are 40 miles or greater. ▪ Travel Time Formula: Number of miles /50 x Travel Rate (1/2 of Interpreting Rate). ▪ Travel during an interpreting block is not billable. ▪ Travel During Block: Enter the time traveled during an assigned block. Round down to the nearest 15 minutes or 0.25 hours. (28 minutes should be entered as 0.25, or 30 minutes should be entered as 0.50.) ▪ Travel for an officially released certified interpreter who begins travel within a 2 hour block or less will be paid in full. ▪ Round Trip Y/N: If the miles listed are for travel to and from the assigned block, enter Y for yes. Otherwise, enter N for no. 						
Other Preauthorized Items:	<ul style="list-style-type: none"> ▪ Interpreters must receive preauthorization to bill for these items. Items to list in this section: TriMet, Per Diem, Travel Flat Fee, Air Travel, Air Travel Flat Fee, Rental Car, and items that do not fit in other sections. Please show your calculations. ▪ Please submit expense receipts taped to a separate piece of paper, or receipts may be faxed or emailed. Receipts for meals or TriMet are not required. ▪ Air Travel: Enter the amount preauthorized for your time for air travel in this section. Please enter a description of: "Air Travel: ___ hours x \$___ rate" or "Air Travel Flat Fee." 						
Cancellation Information:	<ul style="list-style-type: none"> ▪ OJD will pay for: 1) a block cancelled after 8am (PST) two judicial days prior to the day of the block, and 2) accrued travel and per diem. ▪ Interpreter must remain on standby during the cancelled block in order to bill the OJD, unless officially released by the OJD Interpreter Scheduler. ▪ For multiple day assignments, OJD will pay for blocks for the days that fall within the two judicial days prior to the day of the block, per the OJD Payment Protocols. 						
Submit Billing Statement:	<p>Please submit by one method only to avoid duplicates:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">By Mail:</td> <td style="width: 33%;">By Fax:</td> <td style="width: 33%;">By Email:</td> </tr> <tr> <td>Court Language Access Services 1163 State Street Salem OR 97301</td> <td>(503) 961-0525</td> <td>Court.Interpreter.Program@ojd.state.or.us</td> </tr> </table>	By Mail:	By Fax:	By Email:	Court Language Access Services 1163 State Street Salem OR 97301	(503) 961-0525	Court.Interpreter.Program@ojd.state.or.us
By Mail:	By Fax:	By Email:					
Court Language Access Services 1163 State Street Salem OR 97301	(503) 961-0525	Court.Interpreter.Program@ojd.state.or.us					
Questions?:	Call (503) 986-7021						
Website:	Court Interpreting Policies, Laws, and Procedures						

Name (& Business Name): **Jane Doe DBA Example Interpreting Services, LLC**

OJD Vendor #: **3123456789**

Qualification: Consortium Certified OJD Registered Other

Language: Spanish

(OJD Only) AOBJ: _____

Address: **1234 N Main Street**

City: **Hubbard**

State: **OR**

Zip Code: **97032**

Check if New Address:

Example A - One County

Rev. 3/2022

Interpreting Time and Billable Fee						Interpreting Rate: \$ 40.00		
Date	County	START Time	END Time	Actual Hours	Billable Hours	Cancelled Date/Time	Billable Amount	CRB (Y/N)
1/7/2013	Clackamas	8:30 AM	11:30 AM	6.00	6.00		\$ 240.00	
1/7/2013	Clackamas	1:00 PM	4:50 PM	3.83	4.00		\$ 160.00	
1/14/2013	Clackamas	8:30 AM	11:30 AM	3.00	3.00		\$ 120.00	
1/14/2013	Clackamas	1:00 PM	4:00 PM	3.00	3.00		\$ 120.00	
Total Billable Interpreting Fee:							\$ 640.00	

For OJD Use Only	
PCA	Amount
31	\$
31	\$
31	\$
31	\$
31	\$
Description: Interpreting	
PCA	Amount
35	\$
35	\$
35	\$
35	\$
35	\$
Description: Mileage	

Preauthorized Mileage					Mileage Rate: \$ 0.560	
Date	County	City From	City To	Miles	Billable Mileage	Round Trip Y/N
1/7/2013	Clackamas	Hubbard	Oregon City	36	\$ 20.16	Y
1/7/2013	Clackamas	Oregon City	Hubbard	36	\$ 20.16	Y
1/14/2013	Clackamas	Hubbard	Oregon City	36	\$ 20.16	y
1/14/2013	Clackamas	Oregon City	Hubbard	36	\$ 20.16	y
Total Preauthorized Mileage:					\$ 80.64	

Preauthorized Travel Fee (Ground)						Travel Rate: \$		
Date	County	Total Miles	Divided by 50	Total Travel Time	Less Travel During Block	Billable Travel Time	Billable Travel Fee	Round Trip Y/N
			/ 50				\$	
			/ 50				\$	
			/ 50				\$	
			/ 50				\$	
			/ 50				\$	
Total Preauthorized Travel Fee:						\$		

Other Preauthorized Items (submit receipts)			Amount
Date	County	Expense Type (TriMet, Parking, Per Diem, Air Travel Fee, etc.)	Amount
			\$
			\$
			\$
			\$
Total Other Preauthorized Items:			\$

Please Note:
This form is provided for example purposes only. Please follow the OJD Payment Protocols and the confirmation you received when determining what you may bill for.

For Court Interpreter Services / OJD Use Only
Project 350000
Phase: <input checked="" type="checkbox"/> 01 Certified <input type="checkbox"/> 02 Registered <input type="checkbox"/> 03 Cond. Approved
Preaudited By & Date: _____
Approved for Pmt & Date: _____

TOTAL PAYMENT TO INTERPRETER	
Total Billable Interpreting Fee:	\$ 640.00
Total Preauthorized Mileage:	\$ 80.64
Total Preauthorized Travel Fee:	\$
Total Other Preauthorized Items:	\$
TOTAL PAYMENT:	\$ 720.64

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: **Jane Doe**

Date: **1/16/2014**

Name (& Business Name): **Jane Doe DBA Example Interpreting Services, LLC**

OJD Vendor #: **3123456789**

Qualification: Consortium Certified OJD Registered Other

Language: Spanish

(OJD Only) AOBJ: _____

Address: **1234 N Main Street**

City: **Hubbard**

State: **OR**

Zip Code: **97032**

Check if New Address:

Example B - Multiple Counties

Rev. 3/2022

Interpreting Time and Billable Fee

Interpreting Rate: \$ 50.00

Date	County	START Time	END Time	Actual Hours	Billable Hours	Cancelled Date/Time	Billable Amount	CRB (Y/N)
1/22/2013	Linn	8:30 AM	10:30 AM	2.00	2.00	1/22/13 8:30 AM	\$ 100.00	N
1/24/2013	Polk	8:15 AM	4:15 PM	8.00	8.00		\$ 400.00	N
1/28/2013	Washington	10:00 AM	4:00 PM	6.00	6.00		\$ 300.00	N
1/29/2013	Yamhill	8:15 AM	9:15 AM	1.00	1.00		\$ 50.00	N
1/29/2013	Polk	10:00 AM	11:15 AM	1.25	1.00		\$ 50.00	N

Total Billable Interpreting Fee: \$ 900.00

For OJD Use Only

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

Description: Interpreting

Preauthorized Mileage

Mileage Rate: \$ 0.560

Date	County	City From	City To	Miles	Billable Mileage	Round Trip Y/N
1/22/2013	Linn	Hubbard	Albany	90	\$ 50.40	Y
1/24/2013	Polk	Hubbard	Dallas	72	\$ 40.32	Y
1/28/2013	Washington	Hubbard	Hillsboro	78	\$ 43.68	Y
1/29/2013	Yamhill	Hubbard	McMinnville	30	\$ 16.80	N
1/29/2013	Polk	McMinnville	Dallas	52	\$ 29.12	N
1/29/2013	Polk	Dallas	Hubbard	36	\$ 20.16	N

Total Preauthorized Mileage: \$ 200.48

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

Description: Travel

Preauthorized Travel Fee (Ground)

Travel Rate: \$ 20.00

Date	County	Total Miles	Divided by 50	Total Travel Time	Less Travel During Block	Billable Travel Time	Billable Travel Fee	Round Trip Y/N
1/22/2013	Linn	90	x 1.2 / 60	1.80		1.80	\$ 36.00	Y
1/29/2013	Polk	88	x 1.2 / 60	1.76	0.25	1.51	\$ 30.20	N
			x 1.2 / 60				\$	
			x 1.2 / 60				\$	

Total Preauthorized Travel Fee: \$ 66.20

Other Preauthorized Items

(submit receipts)

Date	County	Expense Type (TriMet, Parking, Per Diem, Air Travel Fee, etc.)	Amount
			\$
			\$
			\$
			\$
Total Other Preauthorized Expenses:			\$

Please Note:

This form is provided for example purposes only. Please follow the OJD Payment Protocols and the confirmation you received when determining what you may bill for.

For Court Interpreter Services / OJD Use Only

Project 350000

Phase: X 01 Certified 02 Registered 03 Cond. Approved

Preaudited By & Date: _____

Approved for Pmt & Date: _____

TOTAL PAYMENT TO INTERPRETER

Total Billable Interpreting Fee:	\$ 900.00
Total Preauthorized Mileage:	\$ 200.48
Total Preauthorized Travel Fee:	\$ 66.20
Total Other Preauthorized Expenses:	\$
TOTAL PAYMENT:	\$ 1,166.68

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:

Jane Doe

Date:

1/16/2014

Name (& Business Name): **Jane Doe DBA Example Interpreting Services, LLC**

OJD Vendor #: **3123456789**

Qualification: Consortium Certified OJD Registered Other

Language: **Laotian**

(OJD Only) AOBJ: _____

Address: **1234 N Main Street**

City: **Kent**

State: **WA**

Zip Code: **98226**

Check if New Address:

Example C - Air Travel

Rev. 3/2022

Interpreting Time and Billable Fee

Interpreting Rate: \$ **40.00**

Date	County	START Time	END Time	Actual Hours	Billable Hours	Cancelled Date/Time	Billable Amount	CRB (Y/N)
1/23/2013	Multnomah	8:45 AM	9:33 AM	0.80	4.00		\$ 160.00	N
1/24/2013	Multnomah				2.00	1/23 @ 9:35 AM	\$ 80.00	N
							\$	
							\$	
							\$	

Please Note:
This form is provided for example purposes only. Please follow the OJD Payment Protocols and the confirmation you received when determining what you may bill for.

Total Billable Interpreting Fee: \$ 240.00

Preauthorized Mileage

Mileage Rate: \$ **0.560**

Date	County	City From	City To	Miles	Billable Mileage	Round Trip Y/N
1/22/2013	Multnomah	Kent, WA	SEA-TAC	13	\$ 7.28	N
1/24/2013	Multnomah	SEA-TAC	Kent, WA	13	\$ 7.28	N
					\$	
					\$	
					\$	

Total Preauthorized Mileage: \$ 14.56

Preauthorized Travel Fee (Ground)

Rate: **Travel Rate:**

Date	County	Total Miles	Divided by 50	Total Travel Time	Less Travel During Block	Billable Travel Time	Billable Travel Fee	Round Trip Y/N
			x 1.2 / 60				\$	
			x 1.2 / 60				\$	
			x 1.2 / 60				\$	
			x 1.2 / 60				\$	
			x 1.2 / 60				\$	

Total Preauthorized Travel Fee: \$

Other Preauthorized Items

(submit receipts)

Date	County	Expense Type (TriMet, Parking, Per Diem, Air Travel Fee, etc.)	Amount
1/22/2013	Multnomah	Airport Parking	\$ 30.00
1/23/2013	Multnomah	TriMet	\$ 5.00
1/22/2013	Multnomah	Air Travel: 1 hr + 1 hr flight + 1 hr = 3 hrs X \$20 rate	\$ 60.00
1/24/2013	Multnomah	Air Travel: 1 hr + 1 hr flight + 1 hr = 3 hrs X \$20 rate	\$ 60.00
1/22-24/13	Multnomah	Per Diem: 1/22 \$15 + 1/23 \$30 + 1/24 \$30	\$ 75.00

Total Other Preauthorized Items: \$ 230.00

For OJD Use Only

PCA	Amount
31	\$
31	\$
31	\$
31	\$
31	\$
Description: Interpreting	
PCA	Amount
35	\$
35	\$
35	\$
35	\$
35	\$
Description: Travel	

For Court Interpreter Services / OJD Use Only

Project 350000

Phase: 01 Certified 02 Registered 03 Cond. Approved

Preaudited By & Date: _____

Approved for Pmt & Date: _____

TOTAL PAYMENT TO INTERPRETER	
Total Billable Interpreting Fee:	\$ 240.00
Total Preauthorized Mileage:	\$ 14.56
Total Preauthorized Travel Fee:	\$
Total Other Preauthorized Items:	\$ 230.00
TOTAL PAYMENT:	\$ 484.56

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: Jane Doe

Date: 1/16/2014