Pro Se
Interpreter Services Certification
Invoice/Voucher Cover

Name of Interpreter _____
Firm Name _____
Vendor Tax ID Number _____
Court Order Authorizing ☐ Attached

Invoice Number _____
Case Number _____
Case Caption _____
County & Circuit _____
Judge Name _____

Total Invoice Amount $ _____

INVOICE INFORMATION: Language: _____

A. Units of Service Billed Service Date ____

Certification: ☐ State Certified ☐ Court Certified Start Time ____ End Time ____

Billing: ☐ Per Hour[1] ☐ Per Diem ☐ Other ____

[1] Interpreters billing hourly must attach a detailed invoice.

Unit Quantity		Unit Rate		Total Invoiced
	X		=	$

Other Costs[2]: Other Costs Total $ _____ Description ____

[2]Must Attach detailed Log of Charges (i.e. DFS travel voucher).

-OR-

B. ☐ Invoice Attached

Interpreter Services Certification

I certify that the amounts reflected on the invoice are true and accurate charges; and that the work in connection herewith was actually performed.

_____
Interpreter Signature (Blue Ink) Date

_____
Interpreter Printed Name

_____
Phone Number

Pro Se Certification

I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for the above referenced case, the amount due is accurate, transactions were in accordance with the Florida statutes and all applicable laws and rules of the State of Florida, and that payment is appropriate.

_____
Pro Se Signature (Blue Ink) Date

_____
Pro Se Printed Name ____

_____
Address

_____
Phone Number

JAC Date Stamp

IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.
Rates set by the local Indigent Services Committee for due process services must be applied.
NOTE: Charges for Interpreter Services provided during court proceedings are not to be billed to the JAC.

Pro Se