## Lynnwood Municipal Court - Interpreter Service Invoice

Name/A	gency:			Language:				
Address:								
						AOC Certified Or Registered	$\Box$ Yes $\Box$ No	
						In Court Qualified	$\Box$ Yes $\Box$ No	
Miles T	raveled one-way to court	M	ileage is pa	aid at IRS i	rate (\$0.56 a mil	e in 2021). <b>Round trip mileage will no</b>	<u>ut be paid</u> .	
□This i	s my first appearance this sess	ion 🗌 I worke	ed at ano	ther cou	Irt this sessior	۱		
						Name of Court		
Date of	Case No(s)	Hearing Type	Time	Time	Total Time	Clerk/Probation Staff Signature This invoice must be signed by a court clerk or probation officer on the day of service or payment may be withheld. This invoice must be submitted to the court for payment.		
Service			In	Out	(½ hr increments)			
-	ays \$50/hour – 2 hour minim ays \$40/hour – 2 hour minim	-	-	-	•	preters		

**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 Lynnwood Municipal Court and no payment has been received by me on account thereof.

Signature:Printed Name:Printed Name:	Date:
--------------------------------------	-------

For Court Use Only/PO #	Hours (Min 2 hrs)	Mileage \$0.58/mile	Total Due
Signature:			