

**RIVERSIDE SUPERIOR COURT, COUNTY OF RIVERSIDE
INDEPENDENT CONTRACTOR INTERPRETER VOUCHER**

RI-IN004

Name of Agency: _____ Name of Interpreter: _____ Vendor No.: _____
 Address: _____ City: _____ State: _____ Zip Code: _____ Phone No.: _____
 Remittance Address: _____ City: _____ State: _____ Zip Code: _____

Language: _____ **FUND 110001 / COST CENTER 335936 / PECT 1320**

Status – (check one only) Banning Blythe Corona Hemet Indio-Juvenile Indio-Larson Moreno Valley
 Sign Language (938507) Palm Springs Riv. Family Law Riv. HOJ Riv. Historic Riv. Juvenile Southwest Temecula
 Court Certified (938504)
 Non-Certified (938506)
 Registered (938503)
 Non-Registered (938505)

ASSIGNMENT NUMBER			
1.	4.	7.	10.
2.	5.	8.	11.
3.	6.	9.	12.

Transportation (Mileage, airfare, etc.) – Mileage is paid at the standard state rate, according to MapQuest and based on the shortest distance. In order to claim mileage, a minimum of 60 miles must be traveled roundtrip. Each location traveled must be entered.

Date of Service	Full/Half Day Amount		Lodging Amount (938511)	From	To	No. of Miles	Mileage Amount (938509)	Airfare/Travel Time (938502)	ASL and OTS Independent Contractor Interpreters ONLY	
	<input type="checkbox"/> Half	<input type="checkbox"/> Full							Parking (938502)	Meals (938510)
	\$		\$				\$	\$	\$	\$

VOUCHER CLAIM TOTAL: \$ _____

The undersigned, under penalty of perjury, states: The above date(s) and time(s) and amount(s) requested are true and correct; are in conformity with the negotiations made with the interpreter coordinator and that no part thereof has been previously paid. All receipts are attached as requested for payment.

Date: _____ Interpreter Signature: _____ or **Electronic Signature via e-mail confirmed by coordinator or designee**

*****BELOW IS FOR COURT USE ONLY*****

Note: All vouchers for services rendered must be submitted to the Superior Court within 30 days from the date of service for payment.

INTERPRETER SERVICES DIVISION USE ONLY	
Date: _____	Date: _____
DCSS: FUND 190100 / COST CENTER 335330 / PECT 1320	DV and CIVIL: FUND 110001 / COST CENTER 335936 / PECT 1320
DCSS: WBS-G-331059-1-17 \$ _____	DV: WBS O-339405 \$ _____ CIVIL: WBS O-339406 \$ _____
Internal Voucher No. _____	Amount Authorized \$ _____ <input type="checkbox"/> Mileage Verified
Authorized By: <input type="checkbox"/> Court Services Coordinator	<input type="checkbox"/> Division Supervisor / Manager <input type="checkbox"/> Deputy Executive Officer
Processed By: <input type="checkbox"/> B. Gallegos (704-7590)	<input type="checkbox"/> I. Gurrola (777-3743) <input type="checkbox"/> R. Mazari (393-2412) <input type="checkbox"/> V. Lopez (777-3963) <input type="checkbox"/> A. Cervantes (777-3735)
_____ (DATE)	_____ (SIGNATURE)