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Name of Interpreter:		Contract #:	Invoice #:		
Time Period of Invoice: From	to		Page	of	

Use as many "Page 2 of 2" pages as necessary. When entering time, round up or down to nearest quarter hour: 15 min. = .25; 30 min. = .5; 45 min. = .75

Date of	County of Service	Travel Time (If Any)		Interpreting Time		Total Time	Case Information (Or Description of Direct Service Provided)		Interpreter Notes			
Service	County of Service	Start	End	Subtotal	Start	End	Subtotal or 2 hr min.	Total Time	Job ID#	Language Provided	Court Level*	Interpreter Notes (Liaison Approval, Cancelation, No Show, etc.)
			TOTALS									

\* Court Level: CC = Circuit Court; DC= District Court; FC = Family Court; JC = Juvenile Court; PS = Pretrial Services; CDW = Court Designated Worker; OT = Other