

OFA-PRO-36.5  
Rev. 6-24  
Page 1 of 2  
Commonwealth of Kentucky  
Court of Justice [www.kycourts.gov](http://www.kycourts.gov)  
AP Part IX, Sections 7 and 15; Standards for  
Payment of Freelance Interpreters, Sections I  
(10) and (11)



**OFFICE OF LANGUAGE ACCESS  
INTERPRETER INVOICE FORM**

**FOR INTERNAL USE ONLY**  
Date Received by OLA: \_\_\_\_\_  
Time Period of Invoice:  
From: \_\_\_\_\_ to \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_

**INVOICE(S) MUST BE SUBMITTED ON OR BEFORE THE 7<sup>TH</sup> OF EACH MONTH FOR ALL SERVICES PROVIDED WITHIN THE PREVIOUS MONTH. EACH INVOICE MUST INCLUDE AT LEAST ONE COMPLETED "PAGE 2." FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN A DELAY OF PAYMENT.**

Contract #: \_\_\_\_\_ Invoice #: \_\_\_\_\_  
Name of Interpreter: \_\_\_\_\_  
Business Name (if any): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
\_\_\_\_\_  
County of Residence/Business: \_\_\_\_\_

Total Interpreting Time: \_\_\_\_\_ hours X \$ \_\_\_\_\_ (See Contract Rate) = \$ \_\_\_\_\_

Total Travel Time: \_\_\_\_\_ hours X \$ \_\_\_\_\_ (See Contract Rate) = \$ \_\_\_\_\_

*Use an AOC-T Travel Voucher for Reimbursable Expenses. OLA pre-approval and receipt required.*

**INVOICE TOTAL \$ \_\_\_\_\_**

I hereby state that the information provided on this form and the and the payment requested is true to the best of my knowledge. Each charge is supported by relevant orders and receipts. **NO OTHER INVOICE HAS BEEN SUBMITTED FOR THESE SERVICES.**

\_\_\_\_\_, 20 \_\_\_\_\_  
Date

\_\_\_\_\_  
Interpreter Signature

Invoices must be submitted via email to the Division of Accounting Services at [Accounting@kycourts.net](mailto:Accounting@kycourts.net) or mailed to: Administrative Office of the Courts  
Division of Accounting Services  
1001 Vandalay Dr.  
Frankfort, KY 40601

**VERIFICATION OF OLA INVOICE REVIEWER/APPROVER**  
\_\_\_\_\_  
Signature of OLA Invoice Reviewer/Approver  
\_\_\_\_\_  
Date Reviewed/Approved

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

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