

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA**  
**Court Interpreter Claim for Payment**

CLAIMANT NAME \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

<b>Accounting Use Only</b>
Vendor ID _____
Date Entered _____
Entered By _____
Accrual Date _____

Please check the appropriate box	Certified		Registered	
	Non-Certified		Non-Registered	

LANGUAGE INTERPRETED \_\_\_\_\_

Date of Service	Case Name(s)	Case Number	For court use only

Claim is for	Details	G/L	PECT	FUND	COST CENTER	Amount
Interpreter fee ½ day			1320	110001	456000	
Full day			1320	110001	456000	
Mileage	_____ Miles @ .485 per mile	938509	1320	110001	456000	
Travel time	_____ Hours @ \$ _____ p.h.	938502	1320	110001	456000	
Per diem Bkfst. \$ 6.00		938510	1320	110001	456000	
Per diem Lunch \$10.00		938510	1320	110001	456000	
Per diem Dinner \$18.00		938510	1320	110001	456000	
Hotel/attach invoice	_____ Nights at \$ _____	938511	1320	110001	456000	
<b>GRAND TOTAL</b>						<b>\$</b>

*Complete the items below, if you are requesting per diem reimbursement.*

<b>Date/Time Left Home</b>	<b>Date/Time Left Redding</b>	<b>Date/Time Arrived Home</b>

I the undersigned, under penalty of perjury, state that the above claim and items as herein provided are true and correct; that no part has previously been paid, that the amount is justly due this claimant, and the same is presented within one year after the last item was accrued.

**CLAIMANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>This section for court use only</b>
I certify under penalty of perjury that I have not violated any of the provisions of Article four, Chapter One, Division Four, Title One of the California Government Code. Furthermore, the articles or services specified in the above claim were necessary and ordered for the purpose indicated, and that the articles or services have been delivered or performed as stated hereon, unless otherwise indicated above by me.
<b>APPROVED BY:</b> _____ <b>DATE:</b> _____