☐ CIRCUIT COURT ☐ DISTRICT COURT OF MARYLAND FOR _____
City/County

All information must be complete and legible in order to be processed for payment.

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Plaintiff/Defendant Name _____ Case Number _____

Type of proceeding ☐ Criminal ☐ Civil ☐ Traffic ☐ Juvenile ☐ Other _____

Invoice #: _____

INTERPRETER INVOICE

Invoice Date: _____ Interpreter Name: _____

Interpreter Agency (if applicable): _____ Telephone No. _____

Address: _____ Social Security #: _____
Street Address — Required by the State Comptroller*

_____ _____ _____
City/County State Zip Code

Language: _____ Dialect: _____

Date of Assignment: _____ Actual Time Start: _____ End: _____

Judge/Master: _____ Courtroom No./Location: _____

Rate of Compensation: _____ x _____ per hour = $ $0.00

Mileage (if applicable): _____ x _____ per mile = $ $0.00

Parking (if applicable): _____ = $ _____

Travel time (if applicable): _____ = $ _____

Cancellation: (less than 48 hours notice)
1/2 day (2 hrs) ____ 1 day (4 hrs) ____ multi-day (8 hrs) ____ x _____ per hour = $ _____

Additional Charges (if applicable): _____ = $ _____

Total Reimbursement: = $ $0.00

*By authority of Section 205 of the Social Security Act, 42 U.S.C. § 405 (c)(2)(C)(i).
This information will be kept in a confidential envelope and not be available to the public.

Signature of Interpreter/Agent

INV. DATE	REC. DATE	INVOICE #

	PCA Code Proj.		Object	Amount	Vendor #
DC	00004		0891		
CC	00006	06	0891		

APPROVED FOR PAYMENT

Print Name _____

Authorized Signature _____ Date _____

Title _____

Justification for Policy Exceptions: _____

Please submit invoice to AOC within 3 business days of receipt.

CC-DCA 87 (Rev. 4/2006)

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