

King County District Court Interpreter Service Invoice

Name/Agency _____ Phone: _____ Language: _____

Address: _____ Washington State Court Certification Yes No
 If you have a new address, please complete the address change form located on our web site.

Attention: Interpreter Payment/1593				This invoice must be signed by a court clerk and submitted to the court on the day of service. All information below must be supplied including the Job ID or this invoice may NOT be honored or paid.			
Date	Location	Job ID #	Time-In	Time-Out	Hours	Clerk Initials	Clerk Signature
				Total Hours			
				Total Miles			

Claimant Certification: I hereby certify that under penalty of perjury that this is a true and correct claim for interpreter services provided by me on behalf of King County District Court and no payment has been received by me on account thereof.

Signature: _____ **Printed Name:** _____ **Dated:** _____