

NOTE: Only the interpreter can complete this form. A separate form must be used for each court facility.
Please print all information clearly.

Interpreter Invoice

Invoice No.
Invoice Date
 (DD/MM/YY)

Name of Interpreter: (surname, first name, initials)
Address: (street & number, city, province & postal code)
 Check this box **only** if this is a **new** address.)

HST Registration No.

Court Location
Language

Date of Service (DD/MM/YY)	Case Name / Court File Number	Scheduled Time of Court Commencement	Time of Court Adjournment	DEDUCT Time of Lunch Recess (max. 1 hour)	ADD Additional Authorized Hours	TOTAL IN-COURT HOURS	Court Clerk Initials	TOTAL BILLABLE HOURS	ADD Additional Authorized Expenditures (If any, attach receipts.)	Kilometre Allowance or Transit Fare
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I, _____, Prosecutor,
 also authorize additional expenditures to be paid in the amount of \$
 for (reason) _____
 _____ Prosecutor _____ Date

Value of TOTAL Billable Hours ▶		} GRAND TOTAL WITH TAXES \$	◀ TOTAL KM
Value of TOTAL KM ▶			◀ Previous Balance
TOTAL Other Expenses (Excluding KM) ▶			◀ TOTAL KM to Date
SUBTOTAL Before Taxes ▶			
HST for <u>Billable Hours</u> ▶			
HST for <u>Expenses</u> ▶			

I certify that I was in attendance in court as described above.

 Signature of Interpreter _____ Date

Approved: _____ Date: _____
 Supervisor/Authorized Official
 Print name & title: