

LIST OF ALLOWANCES – INTERPRETER

Commonwealth of Virginia

VENDOR INVOICE NO.

VENDOR REFERENCE

(MAXIMUM 23 CHARACTERS)

☐ General District Court ☐ Traffic ☐ Criminal
☐ Juvenile & Domestic Relations District Court ☐ Circuit Court

CITY OR COUNTY

SOCIAL SECURITY NUMBER OR VENDOR EIN WITH SUFFIX

PAY TO THE ORDER OF: FIRM, COMPANY, OR INDIVIDUAL

ADDRESS

CITY, STATE, ZIP

CERTIFICATE OF ALLOWANCE FOR PAYMENT

Having reviewed this account and determined that the form is properly completed and the account unpaid, I hereby certify this account to the Supreme Court of Virginia for payment.

☐ CLERK ☐ DEPUTY CLERK

DATE

Defendant's Name: <input type="checkbox"/> Addendum Attached		Case Number:	Original Code § Charged:	Chart of Allowances Code §
			\$	<input type="checkbox"/> 19.2-164-Criminal <input type="checkbox"/> 8.01-384.1:1-Civil
Start Time:	<input type="checkbox"/> :00 <input type="checkbox"/> :15 Hrs <input type="checkbox"/> :30 <input type="checkbox"/> :45 Mins <input type="checkbox"/> 2 hour minimum requested	Style: <input type="checkbox"/> Commonwealth v. <input type="checkbox"/> Locality v. <input type="checkbox"/> Other	Printed Name and Title for Authorized Signature:	
End Time:			Authorized Signature:	Fee Requested: \$
Defendant's Name: <input type="checkbox"/> Addendum Attached		Case Number:	Original Code § Charged:	Chart of Allowances Code §
			\$	<input type="checkbox"/> 19.2-164-Criminal <input type="checkbox"/> 8.01-384.1:1-Civil
Start Time:	<input type="checkbox"/> :00 <input type="checkbox"/> :15 Hrs <input type="checkbox"/> :30 <input type="checkbox"/> :45 Mins <input type="checkbox"/> 2 hour minimum requested	Style: <input type="checkbox"/> Commonwealth v. <input type="checkbox"/> Locality v. <input type="checkbox"/> Other	Printed Name and Title for Authorized Signature:	
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End Time:			Authorized Signature:	Fee Requested: \$
Service Date:/...../.....		Language Interpreted:		Court Use Only – Amount Allowed:
Service Provider:		Travel:		Fee Amount: \$
	 Miles Traveled		Travel Time: \$
	 Miles x Mileage Rate: \$		Total: \$
Interpreter: <input type="checkbox"/> Certified <input type="checkbox"/> Non-Certified	 Fare/Other Transportation: \$		Travel: \$
	 Travel Time x Rate: \$		

I certify that the above claim for fees and/or expenses is true and accurate and that no compensation for the time or services set forth has previously been received.

VENDOR OR VENDOR'S AGENT SIGNATURE

DATE

**AMOUNT
CERTIFIED
FOR
PAYMENT \$**

I have reviewed the foregoing information and authorize the amount allowed to the vendor named above.

NAME OF JUDGE (PRINTED)

JUDGE

DATE

Voucher #
(OES USE ONLY)

INSTRUCTIONS

This form is to be used to recover fees and other allowable expenses incurred by interpreters on date of service.

“Vendor Invoice No.”- This number, shown in red on the front of this form, will be on the check stub when payment is made. This number should be written on the addendum worksheet if one is submitted with this form.

“Vendor Reference” field -You may include a personal Vendor Reference of not more than 23 characters, which will be printed on the check stub. Do not use any characters other than numbers or letters. You will not receive a copy of this form with the check. Retain vendor copy of this List of Allowances for reference.

“Defendant’s Name”- Write Defendant’s full name as it appears on docket.

“Addendum Attached”- Check this box if an addendum is attached to the List of Allowances form. Addendum can be used when more than one case requires interpretation during an assignment. Addendum worksheet will contain all necessary information for processing so that the remaining boxes (Case Number, Original Code Section Charged, Chart of Allowances Code Section, and Style) do not need to be completed on the List of Allowances, itself. If interpreting services are provided on the same day in different places, such as multiple cases in court and then a single-case jail visit, the first slot can have “Addendum Attached” checked off while the following slot would have all the requested information filled out on the List of Allowances Form.

“Case Number”- Circuit Court case numbers contain a two-letter code beginning with the letter “C”. General District Court case numbers contain a two-letter code beginning with the letter “G”. Juvenile and Domestic Relations Court case numbers contain a two-letter code starting with “J”. Complete all blanks in the Case Number block.

“Original Code § Charged”- Insert Original Code Section number, not only charge name. For Civil cases write “CIVIL CASE”.

“Start Time”- Time Interpreter began workday, or particular case. For example, start time may be 9:00 a.m. for court cases, but 1:15 p.m. for jail visit on same date of service.

“End Time”- Time Interpreter finished workday, or particular case. For example, end time may be 12:15 p.m. for court cases, but 2:30 p.m. for a jail visit mentioned in previous example. End time should coincide with sign-out time. Lunch time and the time used to complete vouchers shall not be included in request for reimbursement.

“Hours”- Total amount of hours interpreting in court, jail visit, or attorney conference. If amount is less than two hours, indicate how much time was spent in court or on the case and then check off “2 hour minimum requested” box if seeking it. “2 hour minimum” should normally only be used once per service date.

“Style”- Style of case: Commonwealth of VA v. John Smith, check “Commonwealth” box. City/County v. John Smith, check “Locality” box. Mary Smith v. John Smith, check “Other” box.

“Authorized Signature”- The person who can verify that services were required and provided.

“Fee Requested”- Indicate fee requested for that time period.

“Service Provider”- If an agency is requesting payment, the name of individual providing service needs to be filled out in “Service Provider” box, as well as an indication of certification status.

“Miles Traveled”- If one-way travel is 30 miles or more and allowable reimbursement for transportation is being requested, insert the miles traveled.

“Miles x Mileage Rate”- May be applicable for travel 30 miles or more one way. The mileage rate may be no more than approved judicial travel guidelines.

“Fare/Other Transportation”- May be applicable for travel 30 miles or more one way. The amount cannot be more than what would be allowed for “Miles x Mileage Rate” under the approved judicial travel guidelines.

“Travel Time”- May be reimbursed at no more than half the hourly wage.