Invoice for Interpreter Authorization for Payment

Pierce County Courts

*Name:*_____ *SSN:*_____ *Language:*_____

Address_____ Certified Y N (circle one)

City _____ State _____ Zip Code _____ Registered Y N (circle one)

Telephone_____ Email _____

Date	Cause Number (if more than 1 def. write multiple)	Defendant/Litigant	Mileage (0.55)	Time: In Increment of Half Hour			Approved By	Time		$ Amount
				District	Superior	Juvenile		Start	Finish	

Interpreter Certification I hereby certify under penalty of perjury that this is a true and correct claim for services provided by me on behalf of Pierce County and that no payment for these services has been received by me to date.

Signature _____ *Date*_____

Mail Original to: Pierce County Interpreter Services
930 Tacoma Avenue South, Room 334
Tacoma WA 98402
253 798-6091