

THE MUNICIPAL COURT OF SEATTLE – COURT INTERPRETER INVOICE

NAME: _____

LANGUAGE: _____

DATE OF ASSIGNMENT: _____ In Person Remote

Washington State Court Certified Interpreter: Yes

Washington State Court Registered Interpreter: Yes

New address: _____

SMC Interpreter Services:

SMC_interpreters@seattle.gov | 206-733-9075

- Use one invoice per day
- Do not fill in shaded areas
- If no payment received in 30 days after invoice submittal or check lost, please contact SMC_Accounts_Payable@seattle.gov

Case Number	Defendant's Name	Court-room #	Type of Hearing	Time		Authorized Signature	Dollar Amount
				In	Out		
<input type="checkbox"/> Full day @ _____ <input type="checkbox"/> Half Day @ _____ <input type="checkbox"/> Hours _____ @ _____							\$
<input type="checkbox"/> One Way <input type="checkbox"/> Roundtrip Mileage: _____ @ _____							\$
TOTAL:							\$

INTERPRETER'S SIGNATURE: _____