

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: _____

INSTRUCTIONS

- Use **one** invoice per day
- **Calculate** and **enter** \$ amounts and TOTAL
- **Rename** the invoice file, use your name, last name and date of event
- Submit invoice to SMC_interpreters@seattle.gov

➤ If no payment has been received in **30 days** after invoice submittal or the check was 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:							\$

SMC Interpreter Services use only: Approved for payment by