

Vendor Name: <span style="font-size: 2em; color: red; float: right;">1</span> <small>(as listed on Substitute Form W-9 and JAC Contract)</small>	Invoice Number: <span style="font-size: 2em; color: red; float: right;">2</span> <small>(MAX 9 characters)</small>
Vendor Tax ID Number: <small>(MUST match ID on Substitute Form W-9 and JAC Contract)</small>	Case Number:
Defendant's Attorney Name:	Select County... <span style="font-size: 2em; color: red; float: right;">3</span> <input type="text"/> County and Circuit
Florida Bar Number:	Defendant/Client Name:
Provider Name: <small>(if different from Vendor Name)</small>	<b>Total Invoice Amount:</b> <small>(automatically calculated as form is completed)</small>

**INTERPRETER/TRANSLATOR INFORMATION: Court Order Required. MUST attach court order authorizing services.** 4

<b>Interpreter</b> <input type="button" value="Reset"/>	<b>Translator</b> <input type="button" value="Reset"/>	<b>Certification</b> <input type="button" value="Reset"/>
<input type="radio"/> For Deposition	<input type="radio"/> Translate/Transcribe Audio/Video/Other Recording	<input type="radio"/> State Certified
<input type="radio"/> For Interview/Statements	<input type="radio"/> Translate/Transcribe Written Documents or Materials	<input type="radio"/> Court Certified
<input type="radio"/> For Other	<input type="radio"/> Translate/Transcribe Other	<input type="radio"/> Other

4

**Language**

**INTERPRETER/TRANSLATOR RATE**  
 Charges for Interpreter/Translator Services provided during court proceedings are not to be billed to the JAC. Please see the Invoice **Instructions** as well as the JAC Policies and Procedures for hourly billing requirements.

Service Date:	Date Format MM/DD/YYYY Time format 1:30 PM	Hours: <input type="text"/> <small>(in tenths)</small>	Hourly Rate: <input type="text"/>	Subtotal: <span style="font-size: 2em; color: red;">5</span>
Start Time: <input type="text"/>	End Time: <input type="text"/>			

**MUST attach detailed hourly statement listing dates and times if billing for multiple dates.**

**TRAVEL EXPENSES / MILEAGE**  
 A properly completed [DFS Travel Voucher](#) MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one-way) from vendor's office. Any one-way trip that exceeds 50 miles must be supported by documentation. The [DOT Mileage Calculator](#) MUST BE USED when cities are listed therein. If not listed, other documentation may be used.

Subtotal: 6

**OTHER REIMBURSEMENT EXPENSES**  
 As permitted under JAC Policies and Procedures or pursuant to court order. (invoice/receipt, proof of payment, and court order if applicable, **MUST BE ATTACHED**)

Specify Other:

Subtotal: 7

<p style="text-align: center;"><b>Vendor Certification</b> <span style="font-size: 2em; color: red; float: right;">8</span></p> <p>Under penalty of perjury, I certify that I have read the foregoing (Interpreter/Translator Services Invoice) and the facts stated in it are true; and the amounts reflected on the invoice are true and accurate; and that the work in connection herewith was actually performed.</p> <div style="margin-top: 20px;"> <input style="width: 100%;" type="text"/>                  Vendor Signature (Blue Ink)             </div> <div style="margin-top: 10px;"> <input style="width: 100%;" type="text"/>                  Date             </div> <div style="margin-top: 20px;"> <input style="width: 100%;" type="text"/>                  Vendor Printed Name             </div> <div style="margin-top: 10px;"> <input style="width: 100%;" type="text"/>                  Phone Number             </div>	<p style="text-align: center;"><b>Certification of Receipt of Services</b> <span style="font-size: 2em; color: red; float: right;">9</span></p> <p>I certify that the costs and services reflected on this invoice were satisfactorily performed, were necessary for the performance of my duties in the above-referenced case, the amount due is accurate, transactions were in accordance with Florida Statutes and all applicable laws and rules of the State of Florida, and that under the terms of my Agreement with the Justice Administrative Commission payment is appropriate.</p> <div style="margin-top: 20px;"> <input style="width: 100%;" type="text"/>                  Attorney/Pro Se Defendant Signature (Blue Ink)             </div> <div style="margin-top: 10px;"> <input style="width: 100%;" type="text"/>                  Date             </div> <div style="margin-top: 20px;"> <input style="width: 100%;" type="text"/>                  Printed Name / Florida Bar Number             </div>	<p style="text-align: center;">JAC DOC STAMP</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="writing-mode: vertical-rl; transform: rotate(180deg); text-align: center;">JAC Date Stamp</p>
---	--	---

**BILL WILL BE RETURNED IF NOT SIGNED.**  
**IMPORTANT: Original Signatures required, JAC will not accept copies or facsimiles of this form.**

# INSTRUCTIONS

INT-0612

## Section 1.

- Vendor Name – (as listed on Substitute Form W-9 and JAC Agreement) – Provide first and last name, or company name under which the Interpreter/Translator provided services.
- Tax ID Number – Provide federal tax identification (either FEIN or Social Security) number of Vendor or Firm as indicated on JAC Agreement and Substitute Form W-9. MUST match ID on Substitute Form W-9 and JAC Agreement. NOTE: Payment cannot be processed without this information.
- Defendant's Attorney Name/Court-Appointed Attorney or IFC Defendant's Attorney Name – Provide first and last name of attorney representing the defendant.
- Florida Bar Number – Provide Bar Number of the Court-Appointed or IFC attorney representing the defendant.
- Provider Name – (if different from Vendor Name).
- IFC/Pro Se/Cap. Coll. check box – Please check if Indigent for Costs counsel, Pro Se defendant, or Capital Collateral as applicable.

## Section 2.

- Invoice Number – Vendor/Firm or company must generate and provide an invoice number. MAX 9 characters (this number will allow you to locate this bill on the JAC and DFS vendor web sites).

## Section 3.

- Case Number – Provide court issued case number.
- County & Circuit – Select the county and circuit.
- Defendant/Client Name – Provide the first and last name of the client or defendant represented. For parental notification cases only, the client may be represented by initials or "Jane Doe".

Total Invoice Amount – The total amount billed for this invoice is automatically calculated as form is completed.

## Section 4.

- Interpreter/Translator Information – Select a Service Type under either Interpreter or Translator.
- Check the appropriate certification type to reflect current certification.
- Select a language from the drop down list.

## Section 5.

- Service Date – Provide the date of service. Date format: MM/DD/YYYY
- Start Time and End Time – Enter the time of service. Time format: 1:30 PM.
- Hours (in tenths) – Enter hours (in tenths). All hourly billings must be accompanied by a detailed invoice if billing for multiple dates.
- Hourly Rate – Enter the hourly rate.
- Subtotal is automatically calculated.

## Section 6.

- TRAVEL EXPENSES / MILEAGE – A properly completed [DFS Travel Voucher](#) MUST BE ATTACHED. Mileage may be billed only when the destination is in excess of 50 miles (one-way) from vendor's office. Any one-way trip that exceeds 50 miles must be supported by documentation. The [DOT Mileage Calculator](#) MUST BE USED when cities are listed therein. If not listed, other documentation may be used.

## Section 7.

- Other Reimbursement Expenses – Specify the type of expense(s) and enter amount (invoice/receipt, court order, and proof of payment MUST BE ATTACHED).

## Section 8.

- Vendor Certification – By signing this document, you are attesting to the accuracy of all information in this billing. Before submission, please verify the accuracy of all provided information and attach all required supporting documentation not previously submitted.
- Vendor Signature & Date – Sign in blue ink on the line provided. NOTE: The signature must be original. Include date invoice is certified, (MM/DD/YYYY).
- Vendor Printed Name – Provide first and last name, or company name.
- Phone Number – Provide phone number where vendor can be reached.

## Section 9.

- Certification of Receipt of Services – By signing this document, the attorney/Pro Se defendant is certifying that services were received and satisfactorily performed.
- Attorney/Pro Se Defendant Signature & Date – Sign in blue ink on the line provided. Include date invoice is certified, (MM/DD/YYYY). NOTE: The signature must be original.
- Attorney/Pro Se Defendant Printed Name – Provide first and last name. Bar Number – Provide the Bar Number of the Defendant's attorney. For incarcerated Pro Se defendants, provide the jail or DOC inmate number.

**All services are subject to audit and the Justice Administrative Commission reserves the right to offset an over-billing against subsequent payment requests.**