

**UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF MARYLAND**

CJA Interpreter Voucher Worksheet

Interpreter's Name: _____

Language: _____ Rate: _____

Date(s) of Service: _____

A. TIME

Duration of Meeting: Start Time: _____ End Time: _____ (excluding any breaks)

Total hour(s)/tenth(s) of hours: _____

Travel Time: Departure Time: _____ Location: _____

Arrival Time: _____ Location: _____

Total hour(s)/tenth(s) of hours: _____

Departure Time: _____ Location: _____

Arrival Time: _____ Location: _____

Total hour(s)/tenth(s) of hours: _____

Travel time prorated for services provided to another client? YES NO

If yes, name of client(s): _____

Total Time hour(s)/tenth(s) of hours: _____

B. EXPENSES

Mileage: Number of Miles: _____ Mileage Rate: _____

Parking Fees*: _____

Metro Fees*: _____

Total Travel Expenses: _____

C. OTHER EXPENSES* (describe): _____

Total Other Expenses: _____

GRAND TOTAL Time and Expenses: _____

*Attach receipts