CS-225 Daily Interpreter Invoice

Invoice N	lumber:		Se	ervice Date:				County:			Languaç	ge:			
WI Interpreter ID#:			Interpreter Na			City Trave					avelling l	From:			
WI State Certificati		on:	n:		Agend	ncy Name:				SSN/Tax ID Number:					
Mailing A	Address:								¥			- 			
payment	. Interpreter	s must	submit cor	mpleted form is form to bill	n CS-22 I for inte	25 to the cou erpreter serv	unty Clerl vices pro	k of Circuit vided to the	Courts e DA o	for payment.	Only inter	preter se SHOUL	D BE RECORD	for court-relat	ntry to approve ed activity should FORM AND ON
Branch	Branch Judge/C		ssioner	Case Number		LEP Individual				Star	t Time	Stop Time	Minutes	Court Approval	
												F41	ro!	ro!	[4]
Notes:						[<i>A</i>	\] Interpre	eting T	ime (Minutes		[1]	[2] x Rate/Hour	[3]	[4] \$	
					-			- '		narge (Hours)	,		x Rate/Hour	:	\$
					-					[C] Mileage	e:		Rate	x \$0.51:	\$
					[D] Other C						r Charges (Ex	harges (Explain in Notes):			
													[E] Total Billed for Day: County Signature and Date		
I certify the above is a true and correct accounting of my billable hours for providing interpreter services to the county's circuit court for the day.											/. County	Signature and l	Date of Approval		
Interprete	r Signature:								Date:						