

STATE OF MAINE
Bill for Interpreter Services

Date of service (mm/dd/yyyy): _____

Services provided by: _____

Tier: _____

Vendor Code: _____

Payment Address: _____

Bill to: Administrative Office of the Courts, PO Box 4820 Portland, ME 04112

Court Location: _____

List all cases assigned on the same date

Docket No.: _____ LEP Party Name: _____
Language Spoken: _____ ☐ In Person ☐ Remote Time (hrs) _____

Docket No.: _____ LEP Party Name: _____
Language Spoken: _____ ☐ In Person ☐ Remote Time (hrs) _____

Docket No.: _____ LEP Party Name: _____
Language Spoken: _____ ☐ In Person ☐ Remote Time (hrs) _____

(Attach additional page if needed)

Total Hour Billed*: _____ @ \$ _____ /hr = \$ _____

Total Hours Travel**: _____ @ \$ _____ /hr = \$ _____

Total Mileage***: _____ @ .54/Mile\$ _____

Parking & Tolls (receipts required): \$ _____

Per Diem (overnights only): \$ _____

TOTAL: \$ _____

Date (mm/dd/yyyy): _____



Interpreter Signature _____

**Minimum 2 hours per day even if the assignment does not last 2 hours in duration.*

Half Day= 3.5 hours. Full day = 7 hours. Interpreters may only bill for an additional hour (in .25 increments) if they work all or part of the lunch hour (12:00-1:00 p.m.).

***Interpreters may bill for travel time in excess of thirty (30) minutes round-trip for an assignment. Round to the nearest .25 hours.*

****Pursuant to 5 M.R.S. § 8, effective November 1, 2024, the mileage rate is \$0.54 per mile.*

FOR COURT USE ONLY

Approved by Clerk: _____

Date (mm/dd/yyyy): _____

Approved by: _____

Date (mm/dd/yyyy): _____

Communication Access Specialist or designee

AOC APPROVED FOR PAYMENT

FUND	DEPT	UNIT	SUBUNIT	OBJECT	AMOUNT
'010	40A		'01	4005	\$ _____