

STATE OF MAINE
Bill for Interpreter Services

GAX 40

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

Services provided by: _____

Vendor Code: _____ Court Location: _____

Address: _____

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

Service(s)

List all cases assigned on the same date

Docket No.: _____ LEP Party Name: _____
Language Spoken: _____ Hours: _____ @ \$ _____ = \$ _____
 In Person Remote

Docket No.: _____ LEP Party Name: _____
Language Spoken: _____ Hours: _____ @ \$ _____ = \$ _____
 In Person Remote

Docket No.: _____ LEP Party Name: _____
Language Spoken: _____ Hours: _____ @ \$ _____ = \$ _____
 In Person Remote

(Attach additional page if needed)

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

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

Total Mileage***: _____ @ \$.50- / 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. For assignments over 2 hours interpreter will be paid for the total time spent on the assignment, or the total time they were scheduled by the court, whichever is greater. Round to nearest .25 hours (15 mins).*

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

****Pursuant to 5 M.R.S. § 8, effective January 1, 2024, the mileage rate is \$0.50 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	\$ _____