

ED/TN FORM REV 10/2026		ED/TN VOUCHER FOR ATTENDANCE FEES FOR CONTRACT COURT REPORTER & INTERPRETER					CONTRACT NUMBER AW2-			
CONTRACTOR'S NAME				D/B/A (if different from Contractor Name)						
STREET ADDRESS				CONTRACTOR TAX ID #:						
CITY AND STATE			ZIP CODE		FULL-DAY RATE		HALF-DAY RATE		OVERTIME RATE	
Date	Last name of Presiding Judicial Officer	Case Number	Hearing Type	Actual Time of Reporting			Name of Attending Court Reporter/ Interpreter	Claimed Compensation		
				Morning	Afternoon	Overtime Only over 8 hours				
INTERPRETER ONLY SECTION:										
LANGUAGE REQUIRED:		Departure from residence:		DATE		TIME				
		Arrival at Court:								
		Departure from Court:								
		Arrival at residence:								
OTHER COMPENSATION (Travel outside contract geographical area, include approved lodging):										
TRAVEL - TOTAL MILES: _____ x RATE _____								\$ 0.00		
OTHER (Explain):								\$ 0.00		
								TOTAL: \$ 0.00		
CONTRACTOR CERTIFICATION: I hereby certify that I personally rendered the services described herein for payment requested, that said services were rendered in accordance with the Contract for Court Interpreter/Reporter Services, and that no other federal court unit, federal public defender, community defender organization, or other attorneys or entities obtaining interpreting services under the Criminal Justice Act or the related statutes, or the Defender Services appropriation, or any other federal agency or entity has been or will be billed for the same period of service, cancellation or travel expenses for any services rendered during the same half or full-day, other period of service, or time covered by a cancellation fee or travel expense reimbursement for which I am being compensated pursuant to the contract.										
SIGNATURE OF CONTRACTOR (or authorized agent)								DATE		
COURT CERTIFICATION I hereby certify the above as correct and proper for payment.										
SIGNATURE OF COURT REPRESENTATIVE								DATE		