

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF KERN
CLAIM FOR PAYMENT**

Name of Claimant _____

- INTERPRETER SERVICES 7594
- REPORTER SERVICES
- PAY PERIOD: 1ST – 15TH
- PAY PERIOD: 16TH – end of the month

Address _____

Telephone _____

Court Branch: _____

Language: _____

- Certified Non-Certified

INSTRUCTIONS

1. Claims must be filled out completely and signed by the claimant before submission to the Court.
2. Claims for services must be filed in compliance with Superior Court of California, County of Kern Local Rules of Court.
3. Case NAME and NUMBER must be included on form.

Date	AM/PM	DESCRIPTION	DOLLARS	CENTS
TOTAL →				

The undersigned, under penalty of perjury, states: that the above claim is true and correct; that no part thereof has heretofore been claimed or paid; that a duplicate payment will be promptly reimbursed upon demand; the completed and signed Interpreter Claim Form must be received at the address indicated in the Interpreter contract (*Exhibit B, 2.1 Invoicing and Payment*) within **60 days** after the billed service was provided; if service period provided overlap fiscal years (July 1 to June 30), please submit one claim per fiscal year; claims for the prior year shall be submitted no later than July 20th; failure to adhere to these billing schedules and guidelines may result in non-payment (*Exhibit B, 2.1 Invoicing and Payment*).

CLAIMANT SIGNATURE DATE SUPERVISOR SIGNATURE DATE

Expenditure Authorized and Approved by:

AUTHORIZED DEPARTMENTAL SIGNATURE DATE