

Webb County Interpreter Services Voucher

Revised: 9/7/2023

1. Court Information Court No. _____	2. Invoice Information Invoice No. _____ Invoice Date _____ Amount _____		
3. Interpreter(s) Services Information <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date(s) of Service _____ Start _____ End _____ Total Hours Worked _____ </div>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Rate Per Hour _____</td> <td style="width: 50%; padding: 5px;">Total Expenditures _____</td> </tr> </table>	Rate Per Hour _____	Total Expenditures _____
Rate Per Hour _____	Total Expenditures _____		

Name of Interpreter _____
 Interpreter Requested By _____
 Service Provided/Language _____

Interpreter was appointed to parties/witnesses who are indigent

Case No.	Case Type	Case Level

For additional space, please use the table included in page two

Number of parties in **civil proceedings** that filed a statement of inability to afford payment of court costs (Rule 145, TX _____ Rules of Civil Procedure) that are applicable to the appointment of an interpreter.

G/L Account No _____

4. Affidavit to The County Auditor

I am hereby presenting for payment expenses approved for my department for this fiscal year, which are absolutely necessary in the discharge of my official duties, and for which there is an available balance in my approved budget to this I certify. I also certify that this expenditure is proper appropriate, and that it complies with all federal, state, and grant regulations and laws concerning the expenditure of these fund.

Signature _____

Date _____

Name _____

Title _____

Prepared Date: _____
Prepared By: _____
Phone No. _____

