

BOARD OF PAROLE HEARINGS

INTERPRETER'S INVOICE

State of California

Statement of Services Rendered

Send invoice to:

BOARD OF PAROLE HEARINGS  
P.O. BOX 4036  
SACRAMENTO, CA 95812-4036

PAROLEE/INMATE: \_\_\_\_\_  
CDC Number: \_\_\_\_\_  
Location & time of hearing: \_\_\_\_\_

Language Provided: \_\_\_\_\_  
Type of Hearing:  Lifer  Revocation  
 Revocation Extension  MDO  SVP

Date of Service	Description of Service Rendered	Hours

I hereby certify that the hours, date of service and the description of the service rendered as set forth above are true and correct.

Total hours	
Hourly rate	
Total billing	

Interpreter's (Signature) \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
S.S. Number / Certification Number (If Appropriate) \_\_\_\_\_  
Date \_\_\_\_\_

DEPARTMENTAL APPROVAL:  
Signature \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_