



# COURT INTERPRETER REQUEST AND RECORD

Control/Invoice No.		
Registry #	Invoice #	Invoice Date
2045	2045ABBS0JAN00	YYYY - MM - DD

## 1 Interpreter Information

Name/Agency (must be the same name that appears on Interpreter Contract):

ABBAS, SOLEYMAN SALEH

Level

Telephone Number

Address

5780 BLUNDELL RD, RICHMOND, BC, V7C1H5

Email

## 2 Scheduling Information

Registry Location

ROBSON SQUARE PROVINCIAL COURT 2045

Interpreter for

☐ Witness ☐ Party ☐ Accused

Requested by

☐ Court ☐ Crown ☐ Applicant ☐ Defence ☐ Respondent

Method of Appearance

Federal Matter?

Date of booking (yyyy/mm/dd)

Additional Comments

## 3 Record

Date Required YYYY - MM - DD	Court File Number	Case Name	Language	Reason	Fed.	Court Room	Start Time	Finish Time	Approver's Initials
					<input type="checkbox"/>				
	Federal Prosecutor's Name:								
					<input type="checkbox"/>				
	Federal Prosecutor's Name:								
					<input type="checkbox"/>				
	Federal Prosecutor's Name:								
					<input type="checkbox"/>				
	Federal Prosecutor's Name:								
					<input type="checkbox"/>				
	Federal Prosecutor's Name:								
					<input type="checkbox"/>				
	Federal Prosecutor's Name:								
					<input type="checkbox"/>				
	Federal Prosecutor's Name:								
					<input type="checkbox"/>				
	Federal Prosecutor's Name:								

## 4 Cancellation Information (Project Code 1500144)

Appearance Cancelled

Time

Date

Cancellation Fee Applicable

Cancelled by:

Notes



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## 5 Payment Details

Fees		Rate	Total Hours	Fees Payable
Court Hours	\$	x	= \$	= \$
Travel Hours	\$	x	= \$	= \$
		Subtotal	= \$	
GST Number:		Enter 5% if applicable	<input type="checkbox"/> GST = \$	
		Total Fees	= \$	

  

Expenses (receipts attached)				Expenses Payable	
	Rate	Total Kilometers	Sub-Total	Total	
Travel Kilometers	\$	x	= \$	= \$	\$
Breakfast	\$	x	= \$	= \$	
Lunch	\$	x	= \$	= \$	
Dinner	\$	x	= \$	= \$	
Lodging	\$	x	= \$	= \$	
Airfare/Ferry	\$	= \$	= \$	= \$	
Miscellaneous	\$	= \$	= \$	= \$	
Expenses Pre-GST				Total GST	Total Expenses
Checks Totals				+	
				Total paid by Court Services	\$
Sent to Federal Crown				Total paid by Federal Crown	\$

## 6 Authorizations

	YYYY	MM	DD		YYYY	MM	DD
Interpreter's Signature				Qualified Receiver			
I certify this is a true statement of disbursements made as a result of travel on government business as I have not been and will not be reimbursed by any other party				Print Name			

## Office Use Only

Supplier Name	ABBAS, SOLEYMAN SALEH					Supplier # - Site #	2530101 001	
Invoice Date						Address Verified	<input type="radio"/> Y <input type="radio"/> N <i>If No, additional Instructions Here</i>	
Invoice Number	2045ABBS0JAN00					Expense Authority Name		
Qualified Receiver Name (must match Approver Name)						Invoice Total Amount		
Contract Number						Pay Stub Comment:		
Sub-Total	GST	PST	CL	RESP	SL	STOB	PROJECT	COMMENTS
\$ -	\$ -	N/A	105	15160	10710	5542	1500000	Court File No
\$ -	\$ -	N/A					1500000	
Additional Instructions:								