LANGUAGES R US

118-35 QUEENS BOULEVARD STE #1405

FOREST HILLS, NY 11375

INTERPRETER INVOICE

INTERPRETER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_JOB DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANGUAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TIME FROM:\_\_\_\_\_\_To: \_\_\_ \_\_\_\_

TRAVEL TIME\_\_\_\_\_\_\_\_\_\_\_EXPENSES (SPECIFY) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RATE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL: $ \_\_\_\_\_\_\_\_\_\_

HELD AT:

LOCATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL CAPTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS (ES): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSIGNMENT BUST (REASON): \_\_\_\_\_\_\_\_\_

APPEARANCES:

FIRM #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100% \_\_\_\_\_\_\_\_50%\_\_\_\_\_\_\_\_\_\_33%\_\_\_\_\_\_\_\_\_25\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:

ADDRESS:

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FILE/ CLAIM/ INDEX #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRM #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100% \_\_\_\_\_\_\_\_50%\_\_\_\_\_\_\_\_\_\_33%\_\_\_\_\_\_\_\_\_25\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:

ADDRESS:

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FILE/ CLAIM/ INDEX #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FIRM #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 100% \_\_\_\_\_\_\_\_50%\_\_\_\_\_\_\_\_\_\_33%\_\_\_\_\_\_\_\_\_25\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTORNEY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE:

ADDRESS:

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FILE/ CLAIM/ INDEX #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_