

**Ministry of Justice
DX SX 10042
Wellington**

Invoice date:

Invoice number:

GST number:

Bank a/c number:

Name:

Address:

Email:

Reference number: C20326

Once form completed please email to crownaccounts.payable@justice.govt.nz

Interpreter's signature

Timesheet *(list details of hearing(s) you interpreted at)*

Case ref number	Case name	Court and court room	Date	Start time	Finish time	Hours	Sign off (court staff)

**Mileage can be charged at the rate specified by Inland Revenue. Please note that the rate changes after 3,500km
 **If an individual transaction is greater than \$50.00 (incl GST), please provide a receipt or tax invoice
 **If an individual transaction is \$50.00 or less (incl GST), please provide, the date, description, cost and supplier (as a minimum)*

Time at court

Date	Check in time	Check out time	Hours	Sign off (court staff)

Invoiced amount

Description	Date	Rate \$	Hours/Kms	Amount \$ (excl GST)
Interpreter fees				
Mileage*				
Travel expenses **				

Subtotal (excl GST):

Add GST:

TOTAL (INCL GST):