State of A Unified Ju	Alabama udicial System	\overline{T}		-	- '		NGUAGE		Do not write in this space						
- FIG			INTERPRETER CLAIM FOR							Voucher Number					
Form FIS-1 Rev.10/2023			3	EXPI	ENS	ES F	E	EES & TRAVEL		Date					
					+							Co	ode		
Secti	ion A: CAS	E/APPOI	NTING A	UTHORITY	_										
	mber(s)				ssn										
Style of C	Case(s)				NA	ME									
Court (or	Other Appointin	g Authori	ity)	County	•	ADDRESS									
Address						CITY									
City State Zip Code						Name, Address, SSN of the Interpreter ZIP									
Area Code ()						Hearing Impaired									
Lelebnon	ne Number					⊔ Hea	arı	ing Impaired							
Section B	3:			T	rans	portati	OI	n/Travel							
2-1-				-			Durnaga		_	*Miles			TOTAL		
Date	ate From			То				Purpose		Traveled		Fare or Travel			
			<u> </u>			├──	_		_		\longrightarrow	—			
	<u> </u>		<u> </u>			├──									
	<u> </u>					┞	_				—	 			
						<u> </u>	_					<u> </u>			
												<u> </u>			
						B. Sub-Total Transportation \$									
Section C):				Ex	penses	s/l	Fees							
Date	Breakfast	Proglefoot Lui		nch Dinner		Room		Miscellaneous (Explain)		**Fee			TOTAL		
Date	Diediliasi	LG	Heri	Diffici	110	ROOM		iviiscellarieous (Explairi)		1 66		一	TOTAL		
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	<u>'</u>		•					C. Sub-Total	enses 8	չ Fees	\neg	\$			
*An inter	oreter may claim	mileage	at the rate	e allowed by s	tate lav	N.	_		T			寸			
*An interpreter may claim mileage at the rate allowed by sta **The fee for hearing impaired shall be in accordance with Interpreters for the Deaf, plus actual expenses.						standards established by the Alabama Registry of				GRAND TOTAL Section B & C			\$		
Section D			ROVAL	•				Section E : CERTIFICATION	Section	Dac	_				
000	<u> </u>										t o				
The actual expenses incurred and compensation as state interpreter while on active call are hereby approved for payr					-	y the I certify that the above account in the a is correct, due, and unpaid.			he amoui	nt or \$ _					
						Interpreter's Signature							Date		
								Sworn to and subscribed before me this					day of		
Date		Signatur	re of Appo	у	·										
Title							Signature of Officer Authorized to Administer Oaths/Notary Public								
								Interpreter's Certification Level							
					(hea					(hearir	ring impaired only)				
						ı	(Notary Public Only: My Commission expires on (Date))								

INSTRUCTIONS										
CLAIMS FOR PAYMENT ARE SUBMITTED TO:										
STATE COMPTROLLER										
P.O.BOX 302602										
MONTGOMERY, AL36130-2602										
Attention: Interpreter Claims										