Interpreter Invoice Nevada Senate Bill 1/ADKT 0567 Eviction Mediation Program

*Vendor Name: *Vendor Address: *To: *Interpreter Name: *Electronically Sign Below: I hereby certify that I provided interpretive services for the mediation listed on this form, for which I am requesting payment, at the request of the mediator and/or one of the parties to the mediation. I further certify that, to the best of my knowledge, the mediation took place due to circumstances related to COVID-19. I understand that if any future audit discovers that any of these mediations did not occur due to circumstances related to COVID-19 I may be required to reimburse the Administrative Office of the Courts for the payment I received. You must include an attestation from one of the parties that this was related to the COVID-19 pandemic, provided to you by the mediator. This is required for each mediation. Email the Invoice and required documentation to isolatelebranchases@necepris. Note for processing. Submit invoices timely, as mediations will be reimbursed until funding is expended or the program expires by Order of the Supreme Court. *Date *a of hours* *Date *a of hours* *Performed (nearest. 25 hr.) Amt Billed **Date *a of hours* **Date *a of hours* **Performed (nearest. 25 hr.) Amt Billed **Tenant Last Name* **Tenant Last Name* **Performed (nearest. 25 hr.) Amt Billed **Tenant Last Name* **Tenan		* Vendor Number:				Invoice amoun	t:			
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TOTAL INVOICE AMOUNT

* denotes a required field, any required field that is left blank could delay payment, result in non-payment and/or an

adjustment to your invoice.