

# Interpreter Invoice

## Nevada Senate Bill 1/ADKT 0567 Eviction Mediation Program

\* Vendor Number: \_\_\_\_\_

Invoice amount: \_\_\_\_\_

\* Vendor Name: \_\_\_\_\_

Mediation dates occurred:

\* From: \_\_\_\_\_

\* Vendor Address: \_\_\_\_\_

\* To: \_\_\_\_\_

\_\_\_\_\_

\* Interpreter Name: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

(Full 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 [Judicialbranchacct@nvcourts.nv.gov](mailto:Judicialbranchacct@nvcourts.nv.gov) for processing. Submit invoices timely, as mediations will be reimbursed until funding is expended or the program expires by Order of the Supreme Court.**

	Case No.	* Landlord (Entity Name or Last Name)	* Tenant Last Name	* Date Performed	* # of hours (nearest .25 hr.)	Amt Billed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

\* 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.

TOTAL INVOICE AMOUNT