DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
SIGN LANGUAGE INTERPRETER SERVICES INVOICE

Company Name: Vendor Number: Address City, State Zip	VR Unit Office: Address City, State Zip

Customer Name:		Assignment Amount:	
Customer ID Number:		Mileage	
Assignment Date:		Parking	
Assignment Location:		Other (explain)	
Interpreter Name*:		Other (explain)	
Interpreter Credential*:			
Authorization Number:		Assignment Total:	
Customer Name:		Assignment Amount:	
Customer ID Number:		Mileage	
Assignment Date:		Parking	
Assignment Location:		Other (explain)	
Interpreter Name*:		Other (explain)	
Interpreter Credential*:			
Authorization Number:		Assignment Total:	
Customer Name:		Assignment Amount:	
Customer ID Number:		Mileage	
Assignment Date:		Parking	
Assignment Location:		Other (explain)	
Interpreter Name*:		Other (explain)	
Interpreter Credential*:			
Authorization Number:		Assignment Total:	
Customer Name:		Assignment Amount:	
Customer ID Number:		Mileage	
Assignment Date:		Parking	
Assignment Location:		Other (explain)	
Interpreter Name*:		Other (explain)	
Interpreter Credential*:			
Authorization Number:		Assignment Total:	
*To be used for Group Interpreting Agencies only, not Individual Freelance Interpreters		Grand Total:	

I certify, by evidence of my signature below, the above information is true and correct. Upon request by VR, I agree to submit proof the above named interpreter(s) held current credentials and relevant memberships at the time services were rendered. Failure to provide this information may result in revocation of registration status and termination of all rights to provide sign language interpreting services to VR Customers and/or withholding of payment for any services provided to Customers during the time period the Agency was out of compliance.

Signature	Date
Printed Name and Title:	