

INTERPRETATION SERVICE
JOB INVOICE

JOB INFORMATION

Date of Service	Time	Duration	Language	ULS Job #
Client Name <i>(last, first)</i>		Phone	Reminder Call Made to Client date / time:	
Facility			Facility Reference #	Requesting Person
			Notes	
Address			Other	

SERVICE VERIFICATION *(Provide department if different from above and explanation of time spent interpreting)*

Start Time	End Time	Total Time	Department / Explanation <i>(if needed)</i>

INTERPRETER VERIFICATION: I hereby certify under penalty of perjury that the information and charges listed herein for services rendered are accurate and have been provided as authorized.

Service completed?	If service not completed, indicate reason:
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> <i>Client No-Show</i> <input type="checkbox"/> <i>Cancelled on (date / time):</i> <input type="checkbox"/> <i>Other:</i>

Interpreter Name	Interpreter Signature: X
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REQUESTER VERIFICATION: DO NOT SIGN unless sections above are completed. Be sure to check for accuracy and for the interpreter's signature above. Use comments section as needed.

Requester Name and Title <i>(print)</i>	Requester Signature: X
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COMMENTS

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