Sign Language Interpreter Invoice

Date: _____   Location:_____

Client: _____   Situation:_____

Interpreting Time:_____   Prep Time (not more than 1hr)_____

Interpreting Fee:

     Hourly Rate: $_____ x _____ hours = $_____._____

Travel Expenses:

     Mileage: (Out of city limits - map mileage)

City of Departure	City of Interpreting Service	One-Way	x 2 = Round Trip
_____	_____	_____ mi.	_____ mi.
_____	_____	_____ mi.	_____ mi.

     Total Mileage: _____ x $_____per mile = $_____._____

                             (obtained from: www.irs.gov or any DVR office)

Travel Dates/Times (if more than 50 miles outside Contractor's city of residence):

_____ Date left City of Residence   _____ Date left City of Interpreting

_____ Time left City of Residence   _____ Time left City of Interpreting

_____ Time arrived City of Interpreting   _____ Time arrived City of Residence

_____ Total Travel Time to Location   _____ Total Travel Time From Location

     Total Travel Time: _____ x _____per hour (1/2 hourly rate) = $_____._____

     Actual Cost: Meals/Lodging-(Receipts attached for lodging and meals over $15.00)

DATE	LODGING	BREAKFAST	LUNCH	DINNER	TOTAL

     Total Actual Cost: Meals/Lodging   = $_____._____

     Invoice Total   **$_____._____**

_____

Signature   Printed Name

_____

Address   City   State   Zip Code

_____

Phone number   Social Security # or VC #

                                        (VC # is issued by DVR Fiscal

                                        upon Contract execution)