

FORM TO BE COMPLETED BY REQUESTING AGENCY



COMMUNITY INTERPRETER SERVICES

REQUEST FOR WRITTEN TRANSLATION SERVICES

Phone: (617) 464-8100 • Fax : (617) 464-8151 • Email: CIS_Request@ccab.org

Requesting Agency: Please complete the below form with all of the requested information. Completed forms and the documents for translation can be emailed or faxed to the addresses above. We prefer a Microsoft Word version of the source document if available. Upon receipt of the form and document/s, CIS will respond to the requesting agency with a price quote within 24 hours. Please note: CIS reserves the right to refuse requests for interpreter or translation services which are not in accordance with agency mission, policies, or code of ethics.

REQUESTING AGENCY CONTACT INFORMATION

- Requesting Agency:
Billing Address:
Contact Person: Telephone:
Approved by:
*Please include your agency's required billing code if applicable (approval #, PO #, etc.)

TRANSLATION SPECIFICS

- Language/s:
Name of Document/s:
Requested Timeframe* for Completion:
*Please specify if you have a firm deadline
Number of Pages in Document/s:
How would you like the completed translation transmitted to you?
[] Fax, please provide number:
[] Electronic, please provide email:
[] Regular mail, please provide address:
Special Requests (notarized certificate of translation, specific format, etc.):

FOR CIS INTERNAL USE ONLY

Price Quote to Vendor: Assigned Translator Name:
Request Approved: YES NO Payment Quote to Translator:
Estimated Timeframe: Due Date for Translator: