



Excel Interpreting, LLC

JOB# _____

Interpreting Scheduling Dept.
appts@excelinterpreting.com
1 (800) 915-0638 ext. 101

Verification of Service (VOS) Form

VOS forms must be submitted *within 24 hours* of assignment completion
Please e-mail completed VOS forms to **invoice@excelinterpreting.com** or fax to 1 (800) 930-2393

ASSIGNMENT INFORMATION

Service Date: _____ Time: _____

LEP / Case Name: _____ Case # / MRN: _____

Service Description: _____

Location: _____

Address / Department: _____

Facilitator: _____

MUST BE SIGNED BY AUTHORIZED STAFF

Interpreter Arrival Time: _____

Start Time: _____ End Time: _____

Provider Name (Print): _____

Provider Signature: _____

Tel. No.: _____

INTERPRETER

Interpreter Name: _____ Language: _____

Notes: _____
