



Invoice #: I _____

INTERPRETER TIME SHEET AND BILLING INFORMATION

First

Last

Middle

Client Name: _____ Language: _____

Date of Service Start: ___/___/___ Date of Service End: ___/___/___ DOB: ___/___/___

Start time ___:___ AM, PM End time ___:___ AM, PM Total Hour: _____

Reason for visit: _____

_____ Facility Location: _____

City/State/Zip: _____ Ph. # () _____ - _____

Did you document the request for an interpreter in the chart? Yes: _____ or No: _____

_____ Emp. Comments: _____

_____ Emp. Name (Please Print) _____

_____ Emp. **Signature: X** _____ Date: ___/___/___

I certify that the above claims for interpretation are true.

Interpreter`s Comments: _____

Interpreter`s Name (Please Print) _____

Interpreter`s **Signature:** _____ Date ___/___/___

3641 Williamson Road ROANOKE, VA 24012

OFFICE: (540)206-9339 FAX: (540)206-2717

www.starcityinterpreters.com