

INVOICE

Name of Linguist:
 Phone:
 Address:

Date of Submission: _____

Signature: _____

Example

DATE OF SERVICE	DESCRIPTION OF ASSIGNMENT	COMPANY/ ORG NAME	ADDRESS/LOCATION	TOTAL TIME (HR/ MIN)	RATE	TOTAL
Jan 12 2010	Spanish interpreting for hospital patient	HCMC	701 Park Avenue, Minneapolis MN 55415	1.50	\$15.00	\$22.50
Total\$						

Please submit at the end of the month together with your Time Sheet Form