

**INTERPRETING REQUEST FORM**

**Vendor Request Notification to Deaf Options:**

Date In \_\_\_\_\_ Time In \_\_\_\_\_ AM/PM

Service Day	Date of Service:	Time of Service:	
		Start Time	End Time
		AM/PM	AM/PM

		FOR OFFICE USE ONLY	Date
<b>REQUEST FROM:</b>		Received By:	
Contact Name: _____		Confirmed By:	
Company Name: _____		Interpreter(s) Assigned:	
Phone No: _____ Fax No: _____		Interpreter Status Report:	
Alternate Contact: _____		Logged-In-Before Confirmed:	
Phone No: _____		Logged-In-After Confirmed:	
E-mail Address _____		Logged In By:	
		<b>INTERPRETER BILLING INFO:</b>	
		Date Received	
		Posted to Billing Summary	
		Terp Payroll Date	
<b>CLIENT INFORMATION</b>		<b>INVOICE INFORMATION:</b>	
Deaf Client Name(s): _____		Invoice #	
Type of Assignment/Event: _____		Total Billed Hours	
Special Needs _____		Invoice Amt. \$	
		Invoiced Date	
		Posted to A/R	
		Paid (Stamped)	

**LOCATION OF SERVICE** Name of Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Location \_\_\_\_\_

Address: \_\_\_\_\_

Detailed Directions \_\_\_\_\_

**BILLING INFORMATION** P.O. # \_\_\_\_\_ P.O. Not Required \_\_\_\_\_

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: MI ZIP \_\_\_\_\_

**For Assignments Canceled or Unfilled**

Brief Reason: \_\_\_\_\_

Cancellation Requested by: \_\_\_\_\_ (For Cancellations) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interpreter(s) Notified by: \_\_\_\_\_ (For Cancellations) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Vendor Contact Notified: \_\_\_\_\_ (For Unfilled) Date: \_\_\_\_\_ Time: \_\_\_\_\_