

Hearing, Speech & Deaf Center

Interpreting Services Verification Form

1625 19th Avenue,
Seattle, WA 98122
(206) 632-7100 voice
(206) 632-0405 fax
Interpreting@hsrc.org

(FEIN 91-0681207)

Customer		Date of Service	Job Number
Location of Service		Scheduled Start Time	Actual Start Time
Interpreter Name	Client Name	Scheduled End Time	Actual End Time
<i>By signing this, I confirm that the interpreter was present.</i> Print Name _____ Signature _____		Notes:	Approved Parking \$ _____ (Receipt must be attached) Approved Mileage: _____ Cancel < 24 Hrs <input type="checkbox"/> Cancelled onsite <input type="checkbox"/>
REV: 4/25/17		Interpreter Signature: _____	

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