Hearing, Speech & Deaf Center			1625 19 th Avenue, Seattle, WA 98122
Interpreting Services Verification Form			(206) 632-7100 voice (206) 632-0405 fax Interpreting@hsdc.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
By signing this, I confirm that the interpreter was present.		Notes:	Approved Parking \$ (Receipt must be attached) Approved Mileage:
Print Name			Cancel < 24 Hrs
Signature			Cancelled onsite
		Interpreter Signature:	

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REV: 4/25/17		Interpreter Signature:	