

Name/Agency HEARING, SPEECH & DEAFNESS CENTER

Phone: (206) 632-7100
Language: ASL

Washington State Court Certification ☐ Yes ☐ No

Date	Location	Job ID #	Time-In	Time-Out	Hours	Notes
<p>This invoice must be signed by a court clerk and submitted to the court on the day of service. All information below must be supplied including the Job ID or this invoice may NOT be honored or paid.</p>						

[illegible]

Signature: _____

Printed Name:

Dated: _____