

Hearing, Speech & Deaf Center

HSDC Interpreting Services
Verification Form

1625 19th Ave,
Seattle, WA 98122
Phone: 206-632-7100
Fax: 206-632-0405
Interpreting@hsrc.org

Customer		Date of Service	Job Number
Location of Service		Scheduled Start Time	Actual Start Time
Int/Svc Prov 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)
Print Name _____			Approved Mileage: #
Signature _____		Cancel < 24 hours <input type="checkbox"/>	Cancel < 48 hours <input type="checkbox"/>
		Cancelled onsite <input type="checkbox"/>	
		Interpreter Signature: _____	