

Job No.

CLAIM FORM FOR INTERPRETING SERVICES

Interpreters Name: _____ ID

Interpreting for (Name of Organisation): _____

Department: _____

Interview Requested By: _____ Language: _____

Date: _____ Time: _____

Venue: _____

Name of client: _____

Client reference number: _____

Start Time: _____ Finish Time: _____

Travelling time (long distance only): _____

For Office Use Only

Amount Claimed _____

Invoice / Spreadsheet

Pay Period _____

Invoice No _____ Date _____

Account Id No _____

Unsocial Hours job (before 8.30am or after 6.30pm) Yes No

Weekend Job? Yes No

Notice: Follow Ups must now come via HFLS office.

PLEASE PRINT YOUR DETAILS AND RETURN TO THE OFFICE WITHIN 7 DAYS

USER AUTHORISATION (To be filled in and signed by the officer)

Address for invoicing: _____

Officer's Name (printed) _____ Signature: _____

Is the Interpreter Punctual? YES/NO How Late: _____ Hours _____ Minutes

Interpreter's Language Ability: Excellent / Good / Fair / Poor