

INVOICE FOR LANGUAGE SERVICES RENDERED

Instructions: An individual who has provided professional translation/interpretation services to GBLS may use this form to bill GBLS. The payee's **SOCIAL SECURITY NUMBER** is essential for Accounting to process a check.

I, _____ interpreter/translator, hereby request payment at a rate of \$30.00 per hour for interpretation, and \$35.00 per hour for document translation services rendered to GBLS as follows:

Hours: _____ Date (s): _____
of Services _____
Amount Due: _____ Language: _____

Description of Service:

Agency/Professional Affiliation: _____

Payee Name: _____ SSN: _____

Address: _____ Phone: _____

Signature _____ Date _____

TO BE COMPLETED BY GBLS EMPLOYEE

Name of Client  _____, Case # _____

GBLS Employee _____
Verifying Service  _____ Unit _____

Managing Attorney Signature _____ Date _____

VENDOR# _____
CHECK # _____
DATE _____

ACCOUNTING USE ONLY
ACCOUNTS PAYABLE
ENTERING DATE _____

TOTAL _____