



Interpret This Inc.

Work Order #:	Language:	Business/Client:	Date of Service:
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Interpreting Client Name/Number:	Scheduled Start Time: _____am/pm	Location/Address:
Interpreter Name:	Total Mileage: _____miles	

FOR MEDICAL OR OFFICE STAFF ONLY

Service Began: _____am/pm	Authorized Signature:	Service Ended: _____am/pm	Authorized Signature:
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Print Name of Authorized Signature:	Print Name of Authorized Signature:
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Comments: