



Interpreter Invoice Form for MCDHH Paid Assignment
INSTRUCTION TO VENDORS – Please fill in ALL and ONLY the shaded areas

PRC DOCUMENT CODE

HEADER INFORMATION

For MCDHH use only

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| | |
|-------------|--|
| Fiscal Year | |
| Period | |
| Doc Total | |

| |
|-------------------------------------|
| CT REFERENCE ENCUMBRANCE DOC |
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VENDOR INFORMATION

| | | |
|--|----------|-----|
| Vendor/Customer ID (10 digits VC number) | VC _____ | |
| Vendor Name | | |
| Vendor Address | | |
| City | State | Zip |

LINE-COMMODITY INFORMATION

| | | | | |
|--------------------|---|---|------------------|---------------|
| Date of Service | Time of Service From _____ AM / PM to _____ AM / PM | | | |
| Quantity | Unit of Measure | Description | Unit Rate | Amount |
| | Hours | | | |
| | Mileage | | | |
| | Travel Time | _____ Miles ÷ 50 = _____ X _____ ½ of Hour Rate = _____ | | |
| Grand Total | | | | |

VENDOR CERTIFICATION

| | |
|---|---------------------|
| Consumer Signature – by my signature, I certify that I received service as set forth above | |
| Vendor Signature – by my signature, I certify that I rendered services as set forth above | |
| Vendor Invoice # | Vendor Invoice Date |

LINE-ACCOUNTING INFORMATION

| | | | | | | |
|---------------------------|--------------------------------|------------------------------|---------------|---------|----------------|----------|
| Commodity Line # | Service from Date (mm/dd/yyyy) | Service to Date (mm/dd/yyyy) | | | | |
| Event Type AP01 | Line Description | Subtotal Line Amt | Ref Acct Line | P / F | Fund | Sub Fund |
| Department MCD | Unit 0001 | Appropriation | Object | Program | Program Period | |

To the Comptroller of the Commonwealth of Massachusetts – I hereby certify under penalties of perjury that all laws of the Commonwealth governing disbursement of public funds and the regulation thereof have been complied with.

| | | |
|----------------------|----------------------------------|------|
| Prepared by | Title Accountant | Date |
| MMARS Entry by | Title Clerk IV | Date |
| Submitted by | Title Business Manager | Date |
| Authorized Signature | Title CFO | Date |