

## American Sign Language Interpreter Form

**Instructions:** Use this form each time a service is provided with a Free-Lance American Sign Language interpreter. Please fill out completely and send a copy to the Office of Multilingual Services, 19 Staniford Street, First Floor, Boston, MA 02114 or FAX: 617-727-8671

1. Career Center Location: \_\_\_\_\_ 2. Date of Service: \_\_\_\_\_

4. Customer's Name: \_\_\_\_\_

5. ASL Interpreter's Name and Complete Address (*please print*): \_\_\_\_\_  
\_\_\_\_\_

6. ASL Interpreter vendor code number: \_\_\_\_\_ 7. Telephone number: \_\_\_\_\_

8. Billing Information:

• Meeting Time: Start: \_\_\_\_\_ End: \_\_\_\_\_ Total Time: \_\_\_\_\_

• Billing: \$ \_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Rate Hours

• Total Mileage: \_\_\_\_\_ X 0.45 cent/mile = \$ \_\_\_\_\_  
(only for travel over 20 miles one way)

• Travel Time: \_\_\_\_\_ ÷ 50 = \_\_\_\_\_ X 1/2 of hourly rate \_\_\_\_\_  
Total miles

• **TOTAL COST:** \_\_\_\_\_  
(including interpreting, mileage and travel cost)

9. Type of service rendered: \_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, certify that all the information stated on this form is correct.  
*Staff's name (please print)*

