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<http://www.mass.gov/mcdhh>

Freelance Interpreter/CART Invoice

PRC DOC ID

CT Reference

Appropriation

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For Vendor - Fill out all boxes below

Vendor Code

Name

Address

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VC + 10 digits

Invoice #

Request ID

Assignment ID

Docket

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Service Date

Start Time

End Time

For (Business Name)

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Quantity

Rate/Fee

Description

Amount

Quantity	Rate/Fee	Description	Amount
		Hours <input type="checkbox"/> Low-Vision <input type="checkbox"/> Deaf-Blind <input type="checkbox"/> Legal <input type="checkbox"/>	
		Onsite	
		Mileage Reimbursement	
		Travel Time: Miles/50 x Half Rate (Exclude Onsite fee)	
		Public Transportation - Need Receipt	

Total:

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Vendor Signature - I certify by my signature that I provided the service described above.

Date

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Stop Here

Prepared/Entry By:

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Date:

--

Submitted by:

--

Date:

--

Authorized Signature:

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Date:

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