



40 Broad Street
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<http://www.mass.gov/mcdhh>

Staff Interpreter/CART Invoice

Billing Information

Name	Company	Address
Phone	Email	

Requester Information

Same Above

Name	Company	Address
Phone	Email	

Line-Commodity Information

Interpreter/CART	Date of Service	Start Time	End Time	Request ID	Assign ID

Quantity	Rate/Fee	Description	Amount
		Hours Low-Vision Deaf-Blind Legal	
		Onsite	
		Mileage Reimbursement	
		Travel Time: Miles/50 x Half Rate (Exclude Onsite Fee)	
		Public Transportation	

Total:

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

Authorizer Only

Prepared/Entry By:

Date:

Submitted by:

Date: