The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Massachusetts Commission for the Deaf and Hard of Hearing

600 Washington Street
Boston, Massachusetts 02111
Tel. (617) 740-1600
TTY (617) 740-1700
VP (617) 326-7546
Fax (617) 740-1830
http://www.mass.gov/mcdhh

STAFF INTERPRETER BILLING FORM

INSTRUCTION TO STAFF INTERPRETER - Please fill in ALL and ONLY the shaded areas

INTERPRETER INFORMATION

NAME	

BILLING INFORMATION

NAME		**COMPANY**					
ADDRESS		**CITY**		**STATE**		**ZIP CODE**	
PHONE		**EMAIL**					

REQUESTER AND APPOINTMENT/DEPARTMENT LOCATION INFORMATION ☐ Same Above

NAME		**PHONE**		**EMAIL**			
ADDRESS		**CITY**		**STATE**		**ZIP CODE**	

LINE-COMMODITY INFORMATION

DATE SERVICE	START TIME	END TIME	REQUEST ID	ASSIGN ID

QUANTITY	RATE/FEE	DESCRIPTION							AMOUNT
		Sign Language Interpretation Service							$ 0.00
	5.00	Onsite							0.00
	0.62	Mileage - Odometer reading:	Start		To				0.00
		Travel Time	0 Miles	÷ 50 =	0	x	0 1/2 Hour Rate	=	0.00
		Other Travel: ☐ Parking ☐ Tolls ☐ Public Transportation							0.00
									0.00
									0.00
									0.00
								TOTAL	$ 0.00

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.

Prepared/Entered by: _____ **Date:** _____

Submitted/Approved by: _____ **Date:** _____