

Sign Language Interpreter Invoice

Date: _____ Location: _____

Client: _____ Situation: _____

Interpreting Time: _____ Prep Time (not more than 1hr) _____

Interpreting Fee:

Hourly Rate: \$ _____ x _____ hours = \$ _____.

Travel Expenses:

Mileage: (Out of city limits - map mileage or odometer readings)

City of Departure	City of Interpreting Service	One-Way	x 2 = Round Trip
_____	_____	mi.	mi.
_____	_____	mi.	mi.

Total Mileage: _____ x \$ _____ per mile = \$ _____
(obtained from: www.irs.gov or any DVR office)

Travel Dates/Times (if more than 45 miles outside Contractor's city of residence):

_____ Date left City of Residence	_____ Date left City of Interpreting
_____ Time left City of Residence	_____ Time left City of Interpreting
_____ Time arrived City of Interpreting	_____ Time arrived City of Residence
_____ Total Travel Time to Location	_____ Total Travel Time From Location

Total Travel Time: _____ x \$ _____ per hour (75% hourly interpreting rate, rounded up to the nearest \$0.50) = \$ _____.

Actual Cost: Meals/Lodging (Receipts attached for lodging and meals over \$15.00)

DATE	LODGING	BREAKFAST	LUNCH	DINNER	TOTAL

Total Actual Cost: Meals/Lodging = \$ _____.

Invoice Total \$ _____.

 Signature Printed Name

 Address City State Zip Code

 Phone number email address Social Security# or Vendor Code #