

Invoice for Services

Payment to:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

Date of Request: _____

| Date of Service | Service Provided | Hourly Payment | Hours Worked | IOR Contact Initials | | Total Payment Due |
|-----------------|------------------|----------------|--------------|----------------------|--|-------------------|
| | Interpreting | \$ | | | | |
| | Interpreting | \$ | | | | |
| | Interpreting | \$ | | | | |
| | Interpreting | \$ | | | | |
| | Interpreting | \$ | | | | |
| | Interpreting | \$ | | | | |
| Subtotal | | | | | | |
| Balance Due | | | | | | |

Signature _____

By signing above I certify that I have accurately recorded my services. I understand that all payments will be mailed to the address shown above unless other arrangements have been made.

Remit to: