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

_____ Date left City of Interpreting
_____ Time left City of Interpreting
_____ Time arrived City of Residence
_____ 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 #