

Savannah Speech and Hearing Center

Centralized Interpreter Referral Service

Interpreter Invoice

Date: _____

Interpreter: _____ Phone #: _____

Mailing
Address: _____

Email: _____

Please complete the following:

Agreed hourly rate: _____

Date of Assignment: _____

Place of Assignment: _____

Time on site: _____

Interpreter Mileage & Travel Reimbursement

Assign Date	Location	Miles	@ .50/mile	Tolls	Parking	Total
1.						
2.						
3.						
4.						