I. Interpreter Agency/Individual Name | Interpreter Agency’s Tracking Number | Date of Request

<table>
<thead>
<tr>
<th>DOC/DIVISION REQUESTING INTERPRETER</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Prisons</td>
</tr>
</tbody>
</table>

II. DOC Requester Information:

Name | Title
---|---
Phone (Including area code) | Cell Phone (Including area code)
Mailing Address | Email Address

III. Incarcerated Individual Information:

Name | DOC # | Language
---|---|---

IV. Appointment Information:

Address | Date | Start Time | End Time
---|---|---|---

V. Special Instructions:


VI. Interpreter Information (Completed by Interpreter and reviewed by requester):

Name (Print)

<table>
<thead>
<tr>
<th>Mileage Information (if more than 20 miles one way)</th>
<th>To Appointment</th>
<th>From Appointment</th>
<th>Total Reimbursable Mileage</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Origin Address</th>
<th>Destination Address</th>
<th>Final Destination Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Interpreter Arrival Time</th>
<th>Service Start Time</th>
<th>Service End Time</th>
<th>Total Billing Time</th>
</tr>
</thead>
</table>

Service completed? ☐ Yes ☐ No | If not Completed, Why? ☐ Incarcerated Individual | ☐ DOC Requester No Show | ☐ Interpreter No Show | ☐ Other: |

VII. Signatures:

Interpreter’s Signature | Date | Name (Print) | Title
---|---|---|---

DOC Representative’s Signature | Date | Name (Print) | Title
---|---|---|---

Comments:

*mileage is paid once to and from destination on the same date for multiple appointments at the one location.
*Supporting documentation must be submitted with the form and billing.

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.