



CONTRACT LANGUAGE INTERPRETER APPOINTMENT RECORD

(Face to Face In-Person Appointments)

I. Interpreter Agency/Individual Name	Interpreter Agency's Tracking Number	Date of Request
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DOC/DIVISION REQUESTING INTERPRETER

- Prisons
 Community Corrections
 ISRB
 DOC-HQ

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)			
*Mileage Information (if more than 20 miles one way)	To Appointment	From Appointment	Total Reimbursable Mileage
Origin Address	Destination Address	Final Destination Address	
Date of Service	Interpreter Arrival Time	Service Start Time	Service End Time

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

VII. Signatures:			
Interpreter's Signature	Date	Name(Print)	Title

DOC Representative's Signature	Date	Name (Print)	Title
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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.

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