



Interpreter Worksheet

Interpreter must submit completed worksheet *WITHIN 48 HOURS*
Please fax worksheet to 1-800-930-2393 or email to timecard@excelinterpreting.com

INTERPRETER

Interpreter Name: _____ Language: _____

APPOINTMENT INFORMATION

Invoice/Job #: _____

Type of Appointment: _____

Date of Assignment: _____

Time: _____

Location: _____

Doctor/Hearing Officer/Attorney: _____

Requested by: _____ Request Date: _____

MUST BE SIGNED by Authorized Staff:

Time Start: _____ Time Finish: _____

Provider Signature: _____

Provider Name: _____ Tel. No. _____