

Contractor Invoice For Interpreting

Invoice # _____

Bill To:

THE TRANSLATION & INTERPRETING CENTER
 P.O. Box 18975
 Denver, CO 80218
 Voice: 303-996-0976
 Fax: 303-996-0974
 Email: info@ticenterdenver.com

From:

Name: _____
 Address: _____
 Phone: _____
 Email: _____

Date _____

* A **Verification of Service** form must be attached in order for this invoice to be processed.

Date of Services	Description of Services	Rate of Pay	Number of Hours Worked	Amount Owed
	<p>Interpreting Service:</p> <p>Requested by: _____</p> <p>Case #: _____</p> <p>Location: _____</p> <p>Name of Client/Patient/Defendant _____</p> <p>Travel Time (if applicable):</p>	\$ _____	X _____	=\$ _____
		\$ _____	X _____	=\$ _____
			TOTAL	\$ _____