**INTERPRETING SERVICE INVOICE**

|  |  |  |
| --- | --- | --- |
| Name of Client: |  | Name of Interpreter: |

|  |  |  |  |
| --- | --- | --- | --- |
| Invoice No: |  | Contact: |  |
|  Date: |  | VAT Status: | Registered/Not Registered(**Delete as appropriate**) |

|  |  |  |
| --- | --- | --- |
| Travel from: |  | Appointment location: |

|  |  |  |  |
| --- | --- | --- | --- |
| Client: |  | File Ref: |  |
| Assisting: |  | Language: |  |

|  |  |  |
| --- | --- | --- |
| **Total**  | **Rate** | **Total £** |
| Appointmenttime **From** ………………………… **To** …………………………..  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Total time** | **Rate** | **Total £** |
| Travel **From** ………………………… **To** ………………………….. |  |  |  |
| Travel **From** ………………………… **To** ………………………….. |  |  |  |
| Mileage: ……………………………….  |  |  |  |

|  |
| --- |
| **Total £** |
| **Other charges and** **out of pocket expenses (receipts attached):** |  |

*Where more than one client has been seen at the same location, please specify what other cases were dealt with.*

|  |  |
| --- | --- |
| **TOTAL** |  |

Signed: ………………………………………………………..

Client: ……….……………………………………………….. Interpreter: ……….………………………………………………….

|  |  |  |
| --- | --- | --- |
| I certify that the interpreter was in my office for the times specified and that the time claimed for and any apportionments are accurately accounted for. |  | I certify that the sums I have claimed are accurate and have been apportioned (as appropriate) with the relevant cases specified. |