

INTERPRETING SERVICE INVOICE

Name of Client:	Name of Interpreter:
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Invoice No:		Contact:	
Date:		VAT Status:	Registered/Not Registered (Delete as appropriate)

Travel from:	Appointment location:
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Client:	File Ref:
Assisting:	Language:

	Total	Rate	Total £
Appointment time From To			

	Total time	Rate	Total £
Travel From To			
Travel From To			
Mileage:			

Other charges and out of pocket expenses (receipts attached): 	Total £
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Where more than one client has been seen at the same location, please specify what other cases were dealt with.

TOTAL	
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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.