

San Marcos Interpreting Service for the Deaf 2706 Leslie Lane San Marcos, Texas 78666  
(512) 754-8047 Office \* (512) 392-8041 Fax \* (512) 715-2042 Cell

Interpreter Name: \_\_\_\_\_

Interpreter Signature: \_\_\_\_\_

Assignment Date: \_\_\_\_\_

Customer/Assignment Location: \_\_\_\_\_

Regular\_\_\_ Weekend\_\_\_ Night\_\_\_ Holiday\_\_\_ Emergency Room:\_\_\_

Start Time:\_\_\_\_\_am/pm End Time: \_\_\_\_\_am/pm

Billable Service Time: \_\_\_\_\_

+ travel: \_\_\_\_\_

- lunch \_\_\_\_\_

Total time billed: \_\_\_\_\_

Comments: \_\_\_\_\_

**THIS BOX TO BE COMPLETED FOR SAISD ASSIGNMENTS ONLY**

I confirm and verify that I was presented with a valid driver's license and proof of current automobile Liability insurance on this day by the above named interpreter at the time he/she checked in/arrived on campus.

Agency Representative (print name): \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_

**By signing this form, the Agency Representative confirms that the above referenced Interpreter was present at the location identified for the purpose of providing sign language interpreting service as requested by the customer. The Agency Representative's signature also confirms the "start" and "end" time of service as documented above.**

Agency Representative: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

**For Office Use Only:**

Total Hours: \_\_\_\_\_ Rate/Hr: \_\_\_\_\_ Due to Interpreter: \_\_\_\_\_