

FAX Interpreter Invoice for Preston Bass Interpreting Services

Interpreter Name: _____

Social Security Number: _____

Mailing Address: _____

Phone #/s: (_____) _____

Assignment Details:

Date/s: _____ Time: Start _____ End _____

Location/s: _____

Name of Client: _____

Comments: _____

Calculation of Payment:

Number of hours (half hour increments) multiplied by your hourly rate, equals amount due you.

Hours worked: _____

Hourly rate: \$ _____ Amount due: \$ _____

FAX your invoice to:

Preston Bass Interpreting Services at: **(702) 228-5183**