

Interpreter Voucher

Appointment Information

Date of Service: _____

Requested Start Time: _____

Requesting Facility: _____

Contact Name: _____

Contact Phone: _____

Address of Appointment: _____

Mileage to: _____ Mileage back: _____ Total Mileage: _____

Job Number: _____

Labor & Industries

Claim Number

Social Security Number

Date of Birth

Date of Injury

Employer Name

Employer Address

This box must be filled out by provider.

Interpreter Arrival: _____

Apt. Start time: _____ Apt. End time: _____ Total _____

Provider/Professional
printed signature: _____

Provider/Professional signature: _____
Signature authorizes payment for services rendered

Please DO NOT sign unless voucher is complete.

Subject Information

Subject name: _____

Phone: (____) _____ - _____ Male Female

Reference/Claim/Group #: _____

Was service completed? Yes No

Comments: _____

Interpreter Name: _____ Language: _____

Interpreter Signature: _____

* Please attach a note on a separate piece of paper if time is different than scheduled time.

INTERPRETING

"Your Career Partner"

Mail your vouchers to:

CTS Language Link
911 Main St., Suite 10
Vancouver, WA 98660

For more information:
[www.ctslanguage**link**.com](http://www.ctslanguagelink.com)