



Interpreting Service Receipt/ Job Verification

DOT Employee's Name:
Operating Administration:

Sign Language Vendor:
Number of Interpreters:

Date	Type of Meeting/Event	Length of Meeting/Event	Cancellation Date & Time (if applicable) or Emergency/Last Minute Request Date & Time
Did the Interpreter leave early?			
Did the Interpreter arrive late?			

DOT EMPLOYEE SIGNATURE: _____
(Coordinator or Deaf Employee)

Submitted by: _____ **Telephone Number:** _____

Please complete this form and return to vendor/contractor. Receipt must be submitted with Invoice to receive payment. This will ensure prompt payment to vendor and continuation of services to Deaf employee.