



Language Bank Proof of Service

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| Section 1 | |
| Interpreter Request- To be completed by CSEA Staff or Requester | |
| Date of Request: | Time: |
| Requester's Full Name: | |
| Company/Agency: | |
| Phone: | Fax: |
| Language Requested: | |
| Type of Request (please check): Interpretation ____ Phone ____ Document Translation ____ # of Pages ____ | |

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| Section 2 | | |
| Appointment Information- To be completed by CSEA Staff or Requester | | |
| Client's Full Name: | | |
| Date of Service: | Time: | |
| Name of Place: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Other Instructions: | | |

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| Section 3 | |
| Appointment Assignment- To be completed by CSEA Staff ONLY | |
| Interpreter's Name: | |
| Assigned By: | |
| Confirmation Date: | Time: |

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| Section 4 | |
| Travel Expenses: Over 15 miles roundtrip from CSEA, Parking (must show proof)- To be completed by Interpreter | |
| Parking: \$ | |
| Roundtrip Mileage from 270 Elmwood Avenue, Providence, RI 02905: | |

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| Section 5 | | | |
| Completed Service Confirmation- To be completed by Authorized Personnel ONLY | | | |
| Name of Authorized Personnel: | | | |
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| Interpreters Hours Worked | | | |
| Start: | AM/PM | End: | AM/PM |
| Authorized Personnel Signature: | | | |
| Comments: | | | |