



165 W. Hospitality Ln. Ste. 10
San Bernardino, Ca 92408

New World Language Services, Inc.

Invoice / Interpreter Log

Interpreter Name:		Interpreter ID #	Language:	
Date of Assignment:	Round Trip Mileage:		Time In:	Time Out:
Name of Requesting Facility:				
Client Name:			Type of Appt:	

<input type="checkbox"/> Interpreter services were used <input type="checkbox"/> Interpreter was on time <input type="checkbox"/> Interpreter was _____ minutes late	<input type="checkbox"/> Interpreter services were not used <input type="checkbox"/> Client did not show <input type="checkbox"/> Client spoke English <input type="checkbox"/> Other _____
--	--

Staff Printed Name:	Staff Phone Number:
---------------------	---------------------

Staff Signature: _____

Feedback: _____

Notice: If you have not received a confirmation from NWLS within 3 business days please contact our office.

Interpreter Return Date: _____ Time: _____

Interpreter, are you available to return on this day? Yes No

Interpreter please sign to accept return date: _____

IMPORTANT!

Please fax immediately to (909) 388-1796.

To submit your invoice to NWLS, INC. for payment, please fax to 909-388-1796 or mail to NWLS, Inc. 165 W. Hospitality Ln., Ste 10, San Bernardino, CA. 92408. If you choose to do so, you may use your own invoice instead, but your invoice must include the same information as on this form and must be completed and signed by a staff member where services were provided. To insure prompt payment, you must fax or mail your invoice within **3 business days** of the date of service. Failure to do so within this time period will result in a delay of 30 days in processing your payment. If you have any questions, please call 909-915-1201.

Download additional Invoice/ Interpreter Logs at www.interpeterforms.com

Total number of hours _____
(Round to the nearest 15 minutes)

Amount due _____

Round Trip Mileage Fees _____
(Over 40 miles multiply by \$.25/mi)

Total Amount Due _____