



Date of Service: _____ Interpreter's Name: _____

Language: _____ Case Name: _____ Case #: _____

Time In: _____ a.m. p.m. Time Out: _____ a.m. p.m.

Round-trip travel time: _____ Expenses: \$ _____
(Parking, tolls, other---attach receipt)

Authorizing Signature

Name & Title (Please print)

Please submit white & yellow copies for payment to:

PO Box 340188 • Hartford, CT • 06134-0188 • T(860) 881-8181 or Fax to: (860) 331-8535