



Interpreting Services Receipt/Job Verification

DOT Employee's Name: \_\_\_\_\_

Operating Administration: \_\_\_\_\_

Sign Language Vendor: SignOn at Hearing Speech & Deafness Center

Interpreter Name(s): \_\_\_\_\_

Number of Interpreters: \_\_\_\_\_ Job Number \_\_\_\_\_

Date	Type of Meeting/Event	Length of Meeting/Event	Cancellation Date/Time <i>(if applicable)</i> 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.