

Hearing, Speech & Deafness Center

SignOn Interpreting Services
Verification Form

1625 19th Avenue,
Seattle, WA 98122
(206) 632-7100 voice
(206) 632-0405 fax
SignOn@hsrc.org

(FEIN 91-0681207)

Customer		Date of Service	Job Number
Location of Service		Scheduled Start Time	Actual Start Time
Interpreter Name	Client Name	Scheduled End Time	Actual End Time
<i>By signing this, I confirm that the interpreter was present.</i>		Notes:	
Print Name _____			
Signature _____			
		SignOn Office: Approved Parking \$ _____ (Receipt must be attached) Approved Mileage: _____	

REV: 2/7/13

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