

INTERFAITH WORKS OF CENTRAL NEW YORK
Interpreter Claim Form

To be completed by Interpreter:

Client Name: _____	Date of Service: _____
Time of Service:	
From: _____ AM / PM	To: _____ AM / PM
From: _____ AM / PM	To: _____ AM / PM
Interpreter's Name: _____	Signature: _____

To be completed by the Case Manager OR School District Official:

Description of Service: _____	
Group Name To Be Charged: _____	
IFW Staff Name: _____	Signature: _____
OR	
SCSD Name: _____	Signature: _____
Date: _____	

For the Accounting Office:

Interpretation Provided: _____ # of hours@ _____	
Total Amount Due: _____	
Signed: _____	Date: _____