

INVOICE AND INTERPRETATION REPORT

Name: _____ (same as provided on W9)

Date of Interpretation: _____ Start and Finish Time: _____

Place of Interpretation: _____

Address: _____

Client, Student or Point of Contact name: _____

Language: _____

Rate per hour: _____ Total pay for this assignment: _____

Please note that a signed evaluation form is required for most assignments. If no evaluation form is provided, please explain the reason below:

Name: _____

Signature: _____ Date: _____

Please note that if no evaluation form is provided and no legitimate explanation stated on this form, ContextGlobal may not pay for the service.

Please fax this form together with the evaluation form to ContextGlobal's billing fax **800-331-9512** or scan the documents and e-mail them to **contextglobal@bill.com**. If substituting this form, all the information provided on this form must be provided. IF EMAILING: ALL FORMS MUST BE IN PDF FORMAT. OTHER FORMATS WILL NOT BE PROCESSED OR ACCEPTED.

Thank you!

ContextGlobal Billing