**Questions about this contract:** [**SignLanguageInterpreters@dshs.wa.gov**](mailto:SignLanguageInterpreters@dshs.wa.gov) **or call 360-439-4559**

**Copy of Contract available here:** [**ODHH-DES Master Contract**](https://www.dshs.wa.gov/altsa/odhh/sign-language-interpreter-contracts-and-resources-program-1)

1. **To Be Completed by the Purchaser:**

Name of Purchaser:

Phone Number:

Today’s Date:

Billing Organization Name:

Contact:

Mailing Address:

Email:

Phone Number:

1. **Appointment Information:**

Is this a Virtual Meeting?

If so, Virtual Platform:

Appointment Date:

Start Time:

End time:

Appointment Setting:

On Site Contact:

Phone:

Optional Email:

Optional Text:

Physical Address:

Building Name:

Floor and Room number:

Appointment Note:

1. **Consumer information:**

Name of consumer:

Gender:

Hearing Status:

Date of Birth:

Preferred Interpreter requested:

Gender Specific Request:

Comment:

1. **Preferred Interpreter or Agency Information:**

Are you requesting a specific Interpreter on the consumer’s behalf? Yes  No

Name of Interpreter:

If no, gender specific:

Requested Contractor:

1. **To be completed by the Contractor:**

Contractor Tracking Number:

Service Request Number:

Assigned Interpreter(s) Names:      ,     ,     ,     ,     ,

Was additional commute time added to the appointment?

Justification:

1. **This section is to be completed by the Interpreter:**

Address of origin or closest intersection street:       and

City:       and Zip Code:

Actual Start time:

Actual End time:

Total Units to bill:

Mileage to Appointment:

Is this one way or round trip:

Other Fees? List:

Total Amount Due:

1. **Service Verification to be completed and signed after the appointment:**

Was this service completed? Yes or  No

If No, check the correct reason why this service was not completed:

No Show By:  Consumer  Service Provider  Interpreter Other:

CANCELLATION BY: Consumer Service Provider Other:

CANCELLATION INFORMATION (REQUIRED)

Date:       Time:       am  pm Name of person cancelling:

\*Only cancellation less than 48 hours are billable\*

Interpreter’s Signature and Date:

DO NOT SIGN unless sections above are completed. Be sure to check for accuracy and the Interpreter’s Signature above. Interpreter signatures are not required if cancelled. Use the comment section below as needed.

Signature of person from meeting and date:

Printed Name:       Tile/Position:

Notes: