



### **Interpreter Time Sheet and Service Billing**

A time sheet must be completed by the Interpreter and signed by all consumer) or ACCES-VR staff members that are receiving services under this job number. ***Please print all information, except signature(s).***

Vendor Name & ID number: \_\_\_\_\_

Job Number: \_\_\_\_\_ Location of Job: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_ Total Hours Provided: \_\_\_\_\_

Interpreter Name: \_\_\_\_\_ Certified:  Yes  No

Date	Start Time	End Time	Consumer or ACCES-VR Staff Member Name(s)	Referring ACCES-VR District or Central Office	Consumer or ACCES-VR Staff Member signature or On-Site Contact

***If this job involves more than one consumer or ACCES-VR staff member, the signature of each consumer or ACCES-VR staff member is required.***

*If the consumer or ACCES-VR staff member is absent or a "no show," this form must be signed by the on-site contact person.*

I certify that I have provided services to the above consumer or ACCES-VR staff member as indicated in accordance with authorization from NYSED ACCES under contract with the above named vendor.

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_\_