



PHONE:
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The Language Exchange, Inc.

PO Box 750, Burlington, WA 98233

APPOINTMENT CONFIRMATION VOUCHER (PRIVATE PAY)

REQUESTER/PROVIDER INFORMATION

Name of Provider/Department:

Appointment Address:

Apptment Date:

Scheduled Start Time:

Scheduled End Time:

Interpreter Arrival Time:

Actual Start Time:

Actual End Time:

Total Time Billed:

Client Name (Last, First):

Client Phone Number(s):

Language:

INTERPRETER INFORMATION

Interpreter Name (Last, First):

Interpreter's Signature:

Date:

THE FOLLOWING SECTION IS FOR PRE-APPROVED MILEAGE/TRAVEL TIME ONLY

Origin Address (Including City):

Mileage to Appt:

Total Reimbursable Mileage*

Destination Address (Including City):

Return Mileage:

Travel Time**

Return Address (Including City):

THE FOLLOWING SECTION IS SOLELY FOR THE USE OF THE REQUESTER

Requester's Name:
(please print)

Title/Position:

Requester's Signature:

Date:

Type of Service: Medical Non-Medical Legal (If LI appt use LI form only!)

In Person By Phone

Was Service Completed?: Yes No

If No, Explain:

Comments:

*Reimbursable mileage, if applicable must be pre-approved

**Travel Time for ASL only

Submit vouchers weekly to ensure payment to PO Box 750, Burlington, WA 98233

Copies of this form can be downloaded at website <http://www.langex.com>

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