



PHONE:
360-755-9910

FAX:
360-755-9919

The Language Exchange, Inc.
PO Box 750, Burlington, WA 98233

APPOINTMENT CONFIRMATION VOUCHER (PRIVATE PAY)

REQUESTOR/PROVIDER INFORMATION

NAME OF PROVIDER:		DEPARTMENT:	
APPOINTMENT ADDRESS (INCLUDING CITY):			
APPOINTMENT 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:		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 SIGNATURE:	DATE:
TYPE OF SERVICE: <input type="checkbox"/> Medical <input type="checkbox"/> Non-Medical <input type="checkbox"/> Legal (If L&I appt use L&I form only!) <input type="checkbox"/> In Person <input type="checkbox"/> By Phone	
WAS SERVICE COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> 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>
 Rev 6/2007