

CONFIDENTIAL

Interpreter Time Sheet

IMPORTANT INFORMATION REGARDING THE COMPLETION OF TIME SHEETS

- **COMPLETENESS, LEGIBILITY & ACCURATENESS.** Complete the timesheet in BLOCK CAPITALS and provide ALL the information required.
- **CORRECTIONS.** Corrections on the time sheet must be initialled by the service provider who signs the time sheet.
- **MISSING SIGNATURES.** Each timesheet must contain the signature of the interpreter and that of the service provider.
- **TIMELY SUBMISSION.** Time sheets must be submitted within 10 days from the completion of the interpreting assignment.
- **RECORD KEEPING.** Interpreters should keep copies of all the timesheets submitted.
- Failure to comply with any of the above may result in payment being delayed, payment made at the minimum rate (excluding travel allowances) or no payment made at all.

USER DETAILS

Interpreter to complete for emergency callouts

Name of service provider _____ Contact tel no _____
 Organisation _____ E-mail _____

SESSION DETAILS

Interpreter to complete for emergency callouts

Date required []/[]/[] Time required []:[] (24-hr clock) Approx no of hours []
 Language/dialect _____ Country of origin _____
 Venue (full address) _____
 Reason for request _____
 Client name(s) _____ (required)

INTERPRETING TIME

Actual interpreting, excluding travel time

Start []:[] (24-hr clock) on []/[]/[] (date) _____ (day)
 End []:[] (24-hr clock) on []/[]/[] (date) _____ (day)
 No show () Cancelled () Reason _____

WAITING TIME For sessions longer than 3 hrs, if waiting exceeds 1 hr per block (include meal/refreshment breaks)

1. Start []:[] End []:[] Reason _____
 2. Start []:[] End []:[] Reason _____
 3. Start []:[] End []:[] Reason _____

JOURNEY DETAILS

If travel arrangements are different for journey from session, please give details overleaf

Departure point _____ Destination _____
 Via _____ Mode of transport _____ Provided by service provider

EXPENSES

Receipts must be attached

1. _____ Authorised by: _____ £: _____
 2. _____ please use _____ £: _____
 3. _____ CAPITAL letters _____ £: _____

DECLARATION (Interpreter)

DECLARATION (Service Provider)

I declare that the information I have given is correct.

I certify that the facts as stated in this form are correct.

Signature: _____

Name (please use CAPITAL letters): _____

Signature: _____

Date: _____

Date: _____

Please provide any additional information that you deem relevant and wish to draw to our attention in the blank area overleaf. ↗

ADDITIONAL INFORMATION

Please use the space below for any additional information that you deem relevant and wish to draw to our attention or if spaces provided on the form are insufficient.

FOR OFFICE USE

Received by:

Date:

Notes/Comments/Actions: