

WORKERS' COMPENSATION BOARD INTERPRETER TRAVEL BILLING

Name (& Business Name):

ATA #

Qualification: ☐ Certified ☐ Qualified

Language:

Address:

City:

State:

Zip Code:

I certify that this is true and correct and that no part has been or will be billed from any other source to the Workers' Compensation Board.

Signature of Court Interpreter:

Date:

Interpreting Time and Billable Fee

Hrg Type: AD - All Day HD - Half Day MED - Mediation

Interpreting Rate:

Invoice #	WCB #/ Hrg Type	Claimant's Name	Location	Date of Hrg	ALJ	Start Time	End Time	Total Time	Cancelled Date/Time	Billable Amount
Total Billable Interpreting Fee:										\$ -

Preauthorized Mileage (must provide proof of travel)

Mileage Rate:

Hearing Date	Invoice #	City From	City To	Miles	Billable Mileage
					\$ -
					\$ -
					\$ -
Total Preauthorized Mileage:					\$ -

ALJ Initials:		Start Time:	
Invoice #		End Time:	
ALJ Initials:		Start Time:	
Invoice #		End Time:	

TOTAL PAYMENT TO INTERPRETER

Total Billable Interpreting Fee:	\$ -
Total Preauthorized Mileage:	\$ -
TOTAL PAYMENT:	\$ -

(Signature)

Approved for Payment

Date: / / Amount: \$

Received: (Signature)

Index: PCA: AOBJ:

SFMA Contract #:

OrBuys Receipt #:

OrBuys Contract #:

Attn: AP - if you have questions regarding this form,
please contact Andrea Hiscocks, via phone 503-934-0146
or email at interpreterinfo.wcb@wcb.oregon.gov.