

# 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		<i>Hrg Type: AD - All Day HD - Half Day MED - Mediation</i>					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
<b>Total Billable Interpreting Fee:</b>									\$	-

Preauthorized Mileage (must provide proof of travel)				Mileage Rate:	
Hearing Date	Invoice #	City From	City To	Miles	Billable Mileage
					\$ -
					\$ -
					\$ -
<b>Total Preauthorized Mileage:</b>					\$ -

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:	\$ -
<b>TOTAL PAYMENT:</b>	<b>\$ -</b>

(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.**