

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
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.