

WORKERS' COMPENSATION BOARD INTERPRETER TRAVEL BILLING/OVERNIGHT TRAVEL

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 Travel (40 one-way miles or more)

Mileage

Invoice #		Date	Time	Total Time	Total Cost on Road	Miles	Cost	Total Per Day
	Departure							\$ -
	Arrival							
	Departure							\$ -
	Arrival							
Total Billable Preauthorized Travel:								\$ -

Preauthorized Overnight Travel (submit receipts)

Date	Invoice #	Location	Breakfast	Lunch	Dinner	Lodging	Amount
							\$ -
							\$ -
Total Preauthorized Overnight Travel:							\$ -

TOTAL PAYMENT TO INTERPRETER

Total Billable Interpreting Fee:	\$ -
Total Preauthorized Travel:	\$ -
Total Preauthorized Overnight Travel:	\$ -
TOTAL PAYMENT:	\$ -

ALJ Initials:		Start Time:	
Invoice #		End Time:	

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.

(Signature)

Approved for Payment

Date: / / Amount: \$

Received: (Signature)

Index: PCA: AOBJ:

SFMA Contract #:

OrBuys Receipt #:

OrBuys Contract #: