

**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
<b>Total Billable Interpreting Fee:</b>									\$	-

Preauthorized Travel (40 one-way miles or more)						Mileage		Total Per Day	
Invoice #		Date	Time	Total Time	Total Cost on Road	Miles	Cost		
	Departure							\$ -	
	Arrival								
	Departure							\$ -	
	Arrival								
<b>Total Billable Preauthorized Travel:</b>								\$	-

Preauthorized Overnight Travel (submit receipts)							
Date	Invoice #	Location	Breakfast	Lunch	Dinner	Lodging	Amount
							\$ -
							\$ -
<b>Total Preauthorized Overnight Travel:</b>							\$ -

TOTAL PAYMENT TO INTERPRETER	
Total Billable Interpreting Fee:	\$ -
Total Preauthorized Travel:	\$ -
Total Preauthorized Overnight Travel:	\$ -
<b>TOTAL PAYMENT:</b>	<b>\$ -</b>

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](mailto:interpreterinfo.wcb@wcb.oregon.gov).**

(Signature) \_\_\_\_\_  
 Approved for Payment \_\_\_\_\_  
 Date:     /     /     Amount: \$ \_\_\_\_\_  
 Received: (Signature) \_\_\_\_\_  
 Index:     PCA:     AOBJ: \_\_\_\_\_  
 SFMA Contract #: \_\_\_\_\_  
 OrBuys Receipt #: \_\_\_\_\_  
 OrBuys Contract #: \_\_\_\_\_