



សមាគមខ្មែរទ្រង់ទ្រាយធំ

CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL

120 Cross Street, Lowell, MA 01854

Tel: (978) 454-6200 Fax: (978) 454-6229

INTERPRETER TIME SHEET

Attention Interpreters: To get paid you must complete this time sheet and have it signed every time you provide a service for the CMAA. All original time sheets (no copied time sheet accepted) must be submitted /sent to: Cambodian Mutual Assistance Association before the 1st day of each month.

To be completed by the interpreter:

Interpreter's name: _____ Language: _____

Requested by: _____ from (Company/Agency etc.): _____

Phone number: (_____) _____

Type of Service provided: _____ in person Phone

Patient or client's name	Address	Miscellaneous

Date & time of service provided:

Date: _____

Type of assignment: Legal/Court Medical Other (describe) _____

Hours worked – Start: _____ A.M. /P.M. End: _____ A.M. /P.M.

Preparation time (scheduling, confirmation, follow-up, etc): _____

To be completed by authorized representative of requesting agency or service provider:

I certify that the interpreter named above provided the services described herein, and the times stated are accurate.

Name: _____ : _____ Title: _____

Signature: _____ Date ____ / ____ / ____

For Office Use Only

Check if service is for: _____ Emergency _____ After Hours _____ Weekend _____ Holidays _____ Normal Hours