

Interpreter Timesheet

**To be completed by the interpreter and authorised staff member upon completion of an assignment:
please add initials if you make any changes**

Interpreter Name		Venue	
Language requested		Date	
Job ref:		Time	
Contact		Patient/Ref	

To be completed by authorised member of staff

Start time		End time	
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I declare that the information provided on this form is correct and complete

Signature			
Print Name		Date	

To be completed by Interpreter:

I declare that the information provided on this form is correct and complete. By signing this claim, I accept responsibility for declaring my earnings and payment of NI contributions to the HMRC, Inland Revenue.

Signature			
Print Name		Date	

Feedback and Comments

If you would like to make any comments, please use the space below. Your views are highly appreciated.

To be completed by Office

Customer charged		Interpreter Payment	
Invoice Date		Expenses payment	
Invoice Number		Total payment	
Date paid		Date paid	