

## 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						
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	

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