



LANGUAGE INTERPRETATION SERVICE INVOICE

Submit invoices twice a month, by the 31st and the 15th of each month - Fax No.: 416-426-7118 or scan and email to: invoices@mcis.on.ca

INTERPRETER NAME: _____ LANGUAGE: _____ MONTH: _____

RESOURCE No.: _____ CRA - HST Registration Number (where applicable): _____

Assignment Number	Requesting Agency Name & Contact Person	Type of Service	Date (DD/MM)	Actual Start Time	Actual End Time	Fulfilled/ Not fulfilled	Number of non-English speakers	Number of English speakers - Service Provider Staff	Signature of Service Provider or Representative	One-Way Mileage (Km)	For Payroll Use Only

Comments: _____

Rev.: 2014



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Instructions on completion of Language Interpretation Service Invoice form

Resource number	This is your unique identifier in our database. You can find it in the assignment confirmation email or inquire about it with your Interpreter Services Coordinator.
Assignment number	Number assigned by the Interpreter Services Coordinator and sent in the assignment confirmation via email. Invoice lines without assignment number will not be paid.
Requesting Agency Name & Contact Person	Short form for agency that requested the service (e.g. CAS for Children's Aid Society, LAO for Legal Aid Ontario, or HBHC for Healthy Babies Healthy Children) and name of person requesting the service.
Type of Service	<ul style="list-style-type: none">• F-to-F: Face-to-Face (in-person) interpretation• Phone: Conference call (3-way call placed by the requesting agency to the non-English speaking client)• M.R.: Message Relay. Information given to the interpreter by the requesting agency which has to be relayed to the non-English speaking client (e.g. appointment time & date)• Group: Interpreting for more than one non-English speaking Client and /or English speaking Service Provider in the same session.• Video: Remote interpreting via video-conference software
Date	Date the interpretation appointment takes place. Use Day and Month (DD/MM) format.
Start Time – End Time	Actual time the interpretation begins and ends (not when you arrived/left).
Fulfilled / Not Fulfilled	Whether the interpretation was completed or not completed. Give the reason for non-fulfillment in the notes section at the bottom of the form (e.g. non-English speaking client or service provider did not attend session, or interpretation was cancelled without notice)
Number of non-English speaking clients present (if more than 1)	There is at least 1 non-English speaking Client in all interpreting encounters. Fill out this field whenever there is more than 1 non-English speaking Clients present (e.g. if a mother comes accompanied by her child and husband, you are to report 3 non-English speaking Clients). By leaving it blank, it is understood that there was only 1 non-English speaking client present.
Number of English speakers (if more than 1) - Service Provider Staff	There is at least 1 English speaking Service Provider staff member present in all interpreting encounters. Fill out this field whenever there is more than 1 service provider staff member (e.g. if a counsellor at a shelter is accompanied by a colleague, you should report 2 English Speakers – Service Provider Staff). By leaving it blank, it is understood that there was only 1 member of the staff present.
Signature of Service Provider or Representative	Signature of the Service Provider who leads the meeting, or a representative.