

**FAX Interpreter Invoice for  
Preston Bass Interpreting Services**

Interpreter: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #/s: \_\_\_\_\_

**Assignment Details:**

Date/s: \_\_\_\_\_

Time: Start \_\_\_\_\_ End \_\_\_\_\_

Location: \_\_\_\_\_

Client: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

*Calculation of Payment: Number of hours (half hour increments) multiplied by your hourly rate, equals amount due you.*

Hours worked: \_\_\_\_\_

Hourly rate: \_\_\_\_\_

Amount due: \_\_\_\_\_

**FAX your invoice to  
Preston Bass Interpreting Services at  
702.228.5183**