

# de l'Epee Deaf Center, Inc.

## Interpreter Request Form

Today's Date: \_\_\_\_\_

Please copy this form and retain original for future needs:

**RETURN THIS FORM TO:** Email: [deafcenter@cableone.net](mailto:deafcenter@cableone.net) or Fax: 228.897.2462

DATE OF SERVICE: \_\_\_\_\_ TIME OF SERVICE: \_\_\_\_\_

CASE # (If needed) \_\_\_\_\_ EXPECTED DURATION: \_\_\_\_\_

### LOCATION (Where Interpreter will provide services):

Company: \_\_\_\_\_ <-> Phone: \_\_\_\_\_

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

NAME OF DEAF PERSON: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ <-> Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

COMPANY: \_\_\_\_\_ ATTN: \_\_\_\_\_

EMAIL for BILLING: \_\_\_\_\_

Mail ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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### METHOD OF PAYMENT (upon receipt of Invoice): (Please circle one)

Check   Credit Card   On-Line Payment   (Payment not expected at time service is provided)

Authorizing Signature: \_\_\_\_\_ Purchase Order # \_\_\_\_\_

*All Requests MUST have a Signature (Questions? Call 228.897.2280)*

We will contact you for credit card information. Please do not include with this Request Form

### CANCELLATION NOTICE

Canceled \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Will this assignment be rescheduled: (Circle one)      YES      NO

If Yes, give Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Mississippi Senate Bill 2794, July 1, 2005 SS02/R907: No person shall provide interpreting services for consumers who are deaf or hard of hearing for a fee or other remuneration unless the person is registered with the registering authority.

de l'Epee Deaf Center is a Not for Profit 501 C3 organization. We are dependent on prompt payment for services and contributions. Please help us continue to provide for the Deaf and Hard of Hearing by supporting our mission.