

de l'Épée Deaf Center, Inc.

Interpreter Request Form

Today's Date: _____

Please copy this form and retain original for future needs:

RETURN THIS FORM TO: Email: deafcenter1450@gmail.com 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: _____

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: _____

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'Épée 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.