



ACCES-VR Sign Language Interpreter Timesheet

A timesheet must be completed by the Interpreter and signed by a consumer or ACCES-VR staff member receiving services under this job number. Please print all information, except signature(s).

Vendor Name:		Contract Number:
Consumer/Staff Name:		Referring ACCES-VR District Office:
		VRC:
Job Number:		Job Location:
Date(s) of Service:		Total hours of Service:
		Start Time: ____ /End Time: ____ /Meal break: ____
Name of Interpreter:		Certified: ____ yes ____ no
Travel (roundtrip mileage to and from assignment):		<i>Contractor should maintain appropriate documentation of actual mileage for audit purposes.</i>
Preparation Time (15 minute increments):		
Emergency/Weekend/Evening Rate:		

I affirm that the Interpreter(s) has provided service on the date and time listed above.

Consumer Signature: _____ Date: _____

If consumer is a no-show an onsite contact signature is required

ACCES-VR Staff Signature: _____ Date: _____

I certify that I have provided services to the above consumer or ACCES-VR staff member as indicated in accordance with authorization from NYSED ACCES-VR under contract with the above named sign language interpreter referral service vendor.

Signature of Interpreter: _____ Date: _____