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INTERPRETER BILLING VOUCHER

Today's Date: Date of Hearing:

Claimant's Name:
Appeal Number:

SCHEDULED SERVICE:

Scheduled Start Time: Scheduled End Time:

LANGUAGE SERVICE PROVIDER:

Name: _____
Address: _____

Assignment	<input type="checkbox"/> satisfied	<input type="checkbox"/> late cancellation
Appeals Officer:	_____	
Dated this	_____ day of _____,	_____
End Time	<input type="text"/>	

HEARINGS AND APPEALS DIVISION OFFICE USE	
TOTAL TIME	TOTAL SERVICE AMOUNT
<input type="text"/>	\$ <input type="text"/>

Assignment Number: