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**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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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"/>

TOTAL TIME	TOTAL SERVICE AMOUNT
	\$ _____

Assignment Number: