

South Carolina Department of Social Services
INTERPRETING INVOICE - Languages Other Than Spanish

Invoice No.: _____

1. Interpreter's Name/Contract No.: _____ / _____

2. Business Name, if Different: _____

3. Language Interpreted: _____

4. Purchase Order (PO) Number: _____ Telephone: _____

5. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

6. Date of Service: _____

7. Client's Name: _____ Case Number (if known): _____

8. Caseworker's Name: _____ Caseworker's Office: _____

9. Location of Assignment (such as Client's home, DSS office, Courthouse) _____

Street Address: _____ City/Zip: _____

10. Location of Interpreter's Departure/Return: (such as Interpreter's home or office) _____

Street Address: _____ City: _____

11. Time Assignment Began: _____ Time Assignment Ended: _____

(Do not include travel time)

12. Time Travel Began: _____ Time Travel Ended _____ *(Not required if no travel time or mileage is billed)*

13. Miles Traveled: _____ x Rate: _____ = Mileage Amount: \$ _____

Complete this section only if the assignment is over 25 miles round trip from the interpreter's place of business, home or last appointment (whichever is the point of departure).

14. Date and Time Assignment was Scheduled (Complete only if assignment was scheduled Less than 24 hours prior to assignment time and an impact fee is being charged.): _____

15. Charges:

| | Quantity | Rate | Total |
|-------------------------------------|----------|------|-------|
| Assignment Time (Full Rate) | | | |
| Travel Time (Half Rate) | | | |
| Mileage | | | |
| | | | |
| Total Billed | | | |

EXPLANATIONS: (Use back of form if needed)

FOR DSS USE ONLY

Approved by (printed name): _____

Approval Signature: _____ Date: _____

INSTRUCTIONS FOR INTERPRETING INVOICE – LANGUAGES OTHER THAN SPANISH

Invoice Number

Enter a unique number for each invoice submitted. You may simply number them 1, 2, 3, etc. consecutively or you may use another numbering system. It is important that each invoice has a separate and unique number so that you will be able to match your check with your invoices.

1. Fill in the name of the interpreter and contract number.
2. Fill in the name of the business if different from the interpreter's name.
3. Fill in the language for which the service was provided.
4. Fill in the purchase order number assigned to you for the current fiscal year and your phone number.
5. Fill in the mailing address, city, state, and zip code where the check should be sent. This should match the information on file with DSS.
6. Fill in the date the service was performed.
7. Fill in the name of the DSS client and case number, if known.
8. Fill in the name of the Agency employee who called you to set up the assignment and the name of the local county or regional office for which you did this assignment (i.e. Horry DSS, Region 2 Adoptions, Region III Child Support)
9. Fill in the full address of the assignment. (i.e. Client's Home, 111 Second Ave., Columbia, SC 29201)
10. Fill in the full address of departure and return. (Interpreter's Home, 222 Fifth Avenue, Greenville, SC 29601)
11. Put down the beginning and ending time with a.m. and p.m. (to be used to verify after-hours payment).
12. Time Travel Began and Ended: Complete only if billing for travel time and/or mileage. Enter the time the interpreter left the place of departure and the time he/she returned.
13. Miles Traveled: Complete this section only if you traveled more than 25 miles round trip (12.5 miles each way) to complete the assignment. Enter the number of miles traveled (whole numbers - do not include fractions), Use the current allowable rate (IRS standard mileage rate) and then enter the total amount billed for mileage. Use Explanations section below to explain special situations such as multiple assignments at one location. (Enter mileage on one invoice but explain on both invoices.) The mileage is calculated from the interpreter's place of business, home or last appointment (whichever is the point of departure and return). For example, if you traveled 60 miles to complete an assignment (30 miles each way) from your office to the assignment enter 60 miles. However, if you traveled to and from an assignment that was only 5 miles from your office do not complete this section.
14. Date and Time Assignment was Scheduled: Enter the date and time that the interpreter was contacted to schedule the assignment. Complete this section only if SCDSS did not provide contractor with 24 hour advance notice of assignment. Impact fee is \$55.
15. Charges: Complete the billing information based on the Fee Schedule included in the contract.

Explanations

Use this section to explain any information you feel is necessary, such as when the invoice involves night, weekend or holiday rates or to explain mileage and travel time.

For DSS Use Only

The DSS employee who approves the invoice as correct should print and sign his/her name and date the form before forwarding it to Finance.