

South Carolina Department of Social Services
SPANISH-ENGLISH INTERPRETING INVOICE

Solicitation Number 5400016548

INTERPRETER INFORMATION

Invoice No.: _____

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

Business Name, if Different: _____

Vendor No.: _____

Certification/Qualification Level: DSS Qualified Through the Interpreter Qualification Project (IQP)

State Court Certified Federal Court Certified

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

SERVICE INFORMATION

Date of Service: _____

Client's Name: _____ Case No.: (If known) _____

Caseworker's Name: _____ Caseworker's Office: _____

Location of Assignment: (Such as Client's home, DSS office, Courthouse, Telephone Call) _____

Street Address: _____

Length of Interpreting Assignment: _____ Hours and _____ Minutes **(Do not include travel time)**

Time Assignment Began: _____ Time Assignment Ended: _____
(Do not include travel time)

Amount Billed for Actual Interpreting Assignment: \$ _____ Funds Reservation #: 6200000787

TRAVEL TIME (Allowed only if pre-approved by DSS Office of Civil Rights for travel over 120 miles round trip)

_____ Hours and _____ Minutes Amount Billed for Travel Time: \$ _____

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

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

Street Address: _____ City: _____

Miles Traveled: _____ X Rate: _____ = Mileage Amount: \$ _____ Funds Res.#: 6200000788

TOTAL AMOUNT BILLED: \$ _____

EXPLANATIONS (If needed)

FOR DSS USE ONLY

Approved by: (Printed name) _____

Approval Signature: _____ Date: _____

INSTRUCTIONS FOR DSS FORM 2667

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 invoices.

Interpreter Information

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 your SC State Vendor Number.
4. Check the qualification or certification level.
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.

Service Information

1. Fill in the date the service was performed.
2. Fill in the name of the DSS client and case number, if known.
3. 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 (such as Horry DSS, Region 2 Adoptions, Region III Child Support).
4. Fill in the full address of the assignment. (for example, Client's Home. 111 Second Ave., Columbia, SC 29201) For telephone or video interpreting indicate which in this space.
5. Put down the actual time spent on the assignment (you will be paid for at least the one-hour minimum). Anything above the one hour should be billed in fifteen minute increments.
6. Put down the beginning and ending time with a.m. and p.m. (to be used to justify after-hours payment).
7. Enter the amount billed for the actual assignment. Do not include travel time or mileage here.

Travel Time

Complete only if the distance traveled was more than 120 miles round trip and if pre-approval was received from DSS Office of Civil Rights. Enter the time traveled and the amount billed for the travel time.

Mileage

Complete this section only if you traveled over 25 miles round trip from the interpreter's place of business, home or last DSS appointment (whichever is the point of departure). If the point of departure is a non-DSS appointment the mileage will be paid from that location or the place of business/home, whichever is less.

- Fill in the full address of departure and return. (Interpreter's Home, 222 Fifth Avenue, Greenville, SC 29601)
- Enter the number of miles traveled (whole numbers-do not include fractions), 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.)

Total Amount Billed

Enter the total amount of the invoice. Add the "Amount Billed for the Actual Assignment", "Amount Billed for Travel Time" (if applicable), and "Mileage Amount" (if applicable).

Explanations

Use this section to explain any information you feel is needed, 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.