

SP0038
12/06

INVOICE
EDUCATIONAL INTERPRETING SERVICES
Department of Special Education
Lincoln Public Schools

Interpreter: _____

Address: _____ City: _____ Zip: _____

Social Security Number: _____

Interpreting Job Arranged by: _____ Phone: _____

SERVICES PROVIDED FOR: Student Parent (check one)

Date	Activity	School/Location	Student's First Name	Student's Last Name	Starting Hour	Ending Hour
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Hours Claimed: _____
Approved Hourly Rate: _____
TOTAL AMOUNT DUE: _____

Interpreter Signature: _____ Date: _____

Site Approval Signature: _____ Date: _____

Supervisor Approval Signature: _____ Date: _____
Tanya Hilligoss, Supervisor, Programs for Students who are Deaf or Hard of Hearing

Account # Charged: _____ Date: _____

This form should be completed and sent to Lincoln Public Schools Special Education Department for approval weekly to reflect all substitutes and/or extracurricular interpreting provided during the month.

Inter-school mail send to: Tanya Hilligoss, Supervisor, Programs for Students who are Deaf or Hard of Hearing, Box 43, LPSDO.

U.S. Mail send to: Tanya Hilligoss, Supervisor, Programs for Students who are Deaf or Hard of Hearing, P.O. Box 82889, Lincoln, NE 68510.