

**FLS Interpreter
Invoice
(PRINT ONLY!)**

Interpreter name (First, last):
Name of your Co. (if you want us to write your check to that name). Note: If the business is a sole proprietorship, the legal name is the name of the owner.

**Foreign Language
Specialists, Inc.**

390 E Sunset Way
Issaquah, WA 98027
Ph. 425-369-3096

Email: 4billing@flsincorp.net

Language:	UBI#:	TIN (EIN/SSN):	
Cell: Home phone:	Fax#:	E-mail:	
Address:			
DSHS medical certificate#	DSHS social certificate#:	Court certificate #:	ASL certificate #:

Control number	Client's first and last name	Requesting Company Name: Hopelink, CHC, SHA, DOC, ADS, Evergreen, ADS, BIIA, Everett clinic etc.)	Date	Time start	Time end	Total billing time in hours	Comments from FLS Billing Department
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Interpreter signature: _____	Date: _____	Total: \$ _____
Hours _____ X \$ _____ = \$ _____ + \$ _____	Hours _____ X \$ _____ = \$ _____	Pending: \$ _____
Mileage (if applicable per requestor's contract) _____ X \$0. ____ = \$ _____		Grand total: \$ _____
Received _____ 200_	Paid _____ 200_	

This invoice MUST be received by FLS EVERY WEEK, along with completely filled out and signed vouchers for every assignment, including no-show and cancellations. The paycheck will be issued on the end of the month only for the assignments already paid by the brokers and other requestors. We may fax you back this invoice with request for additional or missing information or documentation. For the copy of this invoice, vouchers and other forms go to www.flsincorp.net