



Interpreter Services Form

Please complete entire form legibly in ink and return to LTC once appointment is complete.

Facility Name: _____

Location: _____

Room/Suite Number: _____

Non-English Speaker's Name/ASL: _____

Date: _____ Language: _____

Time In: _____ Signed: _____

Printed: _____

Time Out: _____ Signed: _____

Printed: _____

Business Unit #: _____ Dept. #: _____

Interpreter Name: _____

Interpreter Signature: _____

Job #: _____

☐ No Show ☐ Cancellation

Notes: _____

Please close this assignment via Interpreter Intelligence. If you have difficulty, you can fax your timesheet to 317-578-1673 or email it to interpreting@ltcls.com. If you have any questions, please contact LTC immediately at 317-578-4577.

LTC will not accept any incomplete Interpreter Services Form. Signatures by all parties are required.