



GREATER BOSTON  
LEGAL SERVICES

**INVOICE FOR LANGUAGE SERVICES RENDERED**

Instructions: An individual who has provided professional translation/interpretation services to GBLS may use this form to bill GBLS. The payee's **SOCIAL SECURITY NUMBER** is essential for Accounting to process a check.

I, \_\_\_\_\_, hereby request payment at a rate of \$30.00 per hour for interpretation, and \$35.00 for document translation services rendered to GBLS as follows:

Hours: \_\_\_\_\_ Date (s): \_\_\_\_\_  
of Services \_\_\_\_\_  
Amount Due: \_\_\_\_\_ Language: \_\_\_\_\_

Description of Service:  
\_\_\_\_\_  
\_\_\_\_\_

Agency/Professional Affiliation: \_\_\_\_\_

Payee Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY GBLS EMPLOYEE**

Name of Client: \_\_\_\_\_, Case # \_\_\_\_\_  
GBLS Employee \_\_\_\_\_  
Verifying Service: \_\_\_\_\_, Unit \_\_\_\_\_

Managing Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

**VENDOR#** \_\_\_\_\_  
**CHECK #** \_\_\_\_\_  
**DATE** \_\_\_\_\_

**ACCOUNTING USE ONLY**  
**ACCOUNTS PAYABLE**  
**ENTERING DATE** \_\_\_\_\_  
**TOTAL** \_\_\_\_\_