



**Nova Scotia Interpreting Services**  
**1350 Bedford Hwy, Suite 7**  
**Bedford, NS B4A 1E1**  
**24-hr Dispatch: (902) 425-5532**

**Office: (902) 425-6604**  
**Fax: (902) 425-3595**  
**contact@interpretingservices.ca**  
**interpretingservices.ca**

## LEGAL INTERPRETING INVOICE

INTERPRETING CONTRACT WITH: \_\_\_\_\_ ASSIGNMENT ID #: \_\_\_\_\_

TYPE OF ENCOUNTER\*: \_\_\_\_\_ LANGUAGE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

TIME FROM: \_\_\_\_\_ TIME TO: \_\_\_\_\_ TOTAL # OF HOURS: \_\_\_\_\_

PHONE CALL REQUESTED\*\*?  NO  YES For each call, enter NAME/DATE/TIME FROM-TO below

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

NAME OF CLIENT: \_\_\_\_\_

NAME OF SERVICE REQUESTOR: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

NAME OF INTERPRETER: \_\_\_\_\_

SIGNATURE OF INTERPRETER: \_\_\_\_\_

APPOINTMENT MILEAGE: \_\_\_\_\_ KM \_\_\_\_\_ LONG DISTANCE MINUTES: \_\_\_\_\_

ADDITIONAL INFORMATION: \_\_\_\_\_

**FEES:**

The rate for in-person interpreting is a flat rate of \$75.00 per hr. The minimum charge for each call will be two hours. If the duration of the service is longer than two hours, any part of the next hours will be rounded up to the hour.

The minimum charge for telephone interpreting will be one hour. Cancellation notice must be given 24 hours prior to the appointment; otherwise, a cancellation fee of \$75.00 shall apply. If the interpreter shows up to discover the appointment has been cancelled and we were not notified, or the client does not attend the appointment, then there is the minimum of a 2-hour charge.

\* For example: emergency room; day operation; family doctor appointment; specialist appointment; physiotherapy; telephone interpreting.

\*\* A "call request" is any one-language call between the interpreter and requested party lasting less than 12 minutes. This is not telephone interpreting.

<i>For office use only</i>	
Total Hours: _____	x \$75 = _____
Reminder Calls: _____	x \$10 = _____
Travel: _____	km x \$0.60 = _____
Long Distance Minutes: _____	
	HST 15 % = _____
	Total: _____