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## TIMESHEET

B.D No: ..... Language: .....

Date of assignment: .....

Time of assignment: ..... Duration: .....

Patient / Client / Interviewee name (if known): .....

Telephone No: .....

Customer/Organisation (Name of Requester): .....

Venue: .....

Conference call:  Telephone call:  Telephone message:

Face to Face:  Document translation:  Zoom or Teams:

Start time: ..... End time: .....

Name of interpreter: ..... I.P No: .....

**Signature of interpreter (mandatory):**

I do hereby confirm that the information I have given on this form is accurate and complete and that I have not claimed elsewhere for the hours/sessions detailed on this timesheet. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Participating Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Signed: ..... Dated: .....

**To be completed by the customer or representative of the department**

I am an authorised signatory for my department. I am signing to confirm that the interpreter and the hours that I am authorising are accurate and I approve payment. I am signing to confirm that I have checked and verified the photo identification. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable to prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the Participating Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of fraud.

Interpreters arrival time: ..... Start time: ..... End time: ..... Official stamp (if available)

Print name: .....

Signed: .....

Position: .....

Date: .....

Telephone no: .....

Email: .....