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TIMESHEET

Time of assignment:					
Face to Face: Document translation: Zoom or Teams:	.D No:	Language:			
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: Name of interpreter: LP No: Signature of interpreter (mandatory): Ido here by confirm that the information I have given on this form is accurate and complete and that I have not claimed elsewhere for the hours 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 pread civil recovery proceedings. I consent to the disclosure of information from this form to and by the Participating Authority for the purpose of verification 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 payment. I am signing to confirm that I have checked and verified the photo identification. I understand that if I knowingly provide false information from to and by the Participating Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of this claim and the investigation, prevention, detection and prosecution form to and by the Participating Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution form to and by the Participating Authority for the purpose of verification of this claim and the investigation, prevention, detection and prosecution of this claim and the investigation, prevention, detection and prosecution of this claim and the investigation, prevention, detection and prosecution of this claim and the investigation, prevention, detection and prosecution of this claim and the investigation, prevention, detection and prosecution of	Pate of assignment:				
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