

# EDUCATIONAL SIGN LANGUAGE INTERPRETING SERVICES INVOICE

Department of Early Childhood  
Lincoln Public Schools

Interpreter: \_\_\_\_\_

Employee ID Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Interpreting Job Arranged by: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SERVICES PROVIDED FOR:** Student  Parent  (check one)

Date	Activity	School/Location	Student(s) First Name	Student(s) Last Name	Starting Hour	Ending Hour
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**Total Hours Claimed:** \_\_\_\_\_

Interpreter Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Cara Lucas-Richt*

Account # Charged: \_\_\_\_\_ Date: \_\_\_\_\_

This form should be completed and sent to Lincoln Public Schools Department of Early Childhood for approval **weekly** to reflect all extracurricular interpreting provided during the month.

**Inter-school mail send to:** Peggy Tvrdy, (ptvrdy@lps.org), Box 1.

**U.S. Mail send to:** Peggy Tvrdy, Lincoln Public Schools Department of Early Childhood, 300 S. 48th Street, Lincoln, NE 68510.