

DEAF SOCIETY OF NSW INTERPRETING SERVICE - REQUEST FORM

INV. NO.

Please check the details below and clearly indicate any changes. This form must be signed in **both** places below before the booking can proceed. Please fax to the Interpreter Administrator 9893 8333 or 1800 898 333 (outside Sydney). Note: Bookings require no less than 4 working days notice.

Booking Number:

Date Request Received:

Contact

REQUESTER DETAILS			
ORGANISATION/SERVICE PROVIDER:	PHONE:	FAX:	
REQUESTED BY:	DATE CONFIRMED WITH REQUESTER (HOW CONFIRMED): ()		
ASSIGNMENT INFORMATION			
ASSIGNMENT DATE:	TIME START:	TIME FINISH:	
DEAF CLIENT/S NAME / CONTACT NUMBER: ()			
ASSIGNMENT ADDRESS:		INTERPRETING SITUATION / COMMENTS:	
		ADDITIONAL DETAILS:	
CONTACT PERSON AT ASSIGNMENT:		PHONE:	
ACCOUNT DETAILS			
ORGANISATION:	ATTENTION:		
POSTAL ADDRESS:	PHONE:		
	CLAIM NO:		
I hereby authorise payment of the account arising from my use of a Deaf Society Interpreter: PLEASE SIGN HERE		I understand that if 7 days notice is not given for any cancellation then cancellation fees will be payable. PLEASE SIGN HERE	
DEAF SOCIETY OFFICE USE ONLY			
INTERPRETER(S):	TYPE:	DATE CONFIRMED: () () ()	NAATI LEVEL
PAYMENT DETAILS			
FEE TYPE:	PERIOD ENDING:	TOTAL HOURS OF ASSIGNMENT:	
PROGRAM FOR PAYMENT:	MANAGERS APPROVAL:	INVOICE AMOUNT:	
CANCELLATION DETAILS			
STATUS:	INTERPRETERS ADVISED:		
CANCELLATION DATE AND TIME:	1. 2. 3.		
UNABLE TO FILL, REQUESTER ADVISED:			
/			

COMMENTS