



Community Interpreter Services
275 West Broadway
South Boston, MA 02127
617-464-8100

INVOICE

Number: 84261

Date: 04/08/2021

BILL TO:

City of Somerville - Office of Immigrant Affairs
 Jay Singh
 Somerville City Hall, 93 Highland Ave
 Somerville, MA 02143

Total Appt.: 4

Invoice Total: \$1,310.00

Terms: Net 30

Order #	Date	Billing Dept.	Client Name	Time	Hours Billed	Rate	Total
00: Department: []							
01: K0316CV04	Mon 03/15	TRANSLATION	CiVo meeting flyer & C.	12:00 AM ^	1.00	\$390.00	390.00
02: K0316CM02	Mon 03/15	TRANSLATION	CiVo meeting flyer & C.	12:00 AM ^	1.00	\$390.00	390.00
03: K0316PT03	Mon 03/15	TRANSLATION	Civilian Oversight Sur.	12:00 AM ^	1.00	\$265.00	265.00
04: K0316S05	Mon 03/15	TRANSLATION	Civilian Oversight Sur.	12:00 AM ^	1.00	\$265.00	265.00
05: Department Total							1,310.00

Total: \$1,310.00

3/16/2021 Print Order Form

INTERPRETATION ORDER FORM

Order Number K0316CV04	Customer/Agency City of Somerville - Office of Immigrant Affairs	Department	Requester Maria Muti	Requester Phone 000-000-0000	Interpreter Name CIS Translator/10338
Appointment Date 03/15/2021	Start Time 12:00 AM	Estimated Hours 0 hr(s)	Additional Contact	Additional Contact Phone	Language Cape Verdean/Portuguese Creole
Written Translation Yes/No Yes		Document Name			
Simultaneous/Event Interpretation Approved Yes/No					
Telephonic Appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Start Time 12:00 AM		End Time*		Total Time*	
Contact Person Signature*		Printed Name*		Date*	
Interpreter Signature	Date	Late Cancel	FFSD	CIS Mileage	Mileage Approved? Mileage Amount
Confirmation Call: Yes / LM / N/A (circle one)		Interpreter Notes:			

Email completed form within 48 hours to: cisfax@ccab.org

3/16/2021 Print Order Form

INTERPRETATION ORDER FORM

Order Number K0316CM02	Customer/Agency City of Somerville - Office of Immigrant Affairs	Department	Requester Maria Muti	Requester Phone 000-000-0000	Interpreter Name Shuming Foun/8533
Appointment Date 03/15/2021	Start Time 12:00 AM	Estimated Hours 0 hr(s)	Additional Contact	Additional Contact Phone	Language Mandarin
Written Translation Yes/No Yes		Document Name			
Simultaneous/Event Interpretation Approved Yes/No					
Telephonic Appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Start Time 12:00 AM		End Time*		Total Time*	
Contact Person Signature*		Printed Name*		Date*	
Interpreter Signature	Date	Late Cancel	FFSD	CIS Mileage	Mileage Approved? Mileage Amount
Confirmation Call: Yes / LM / N/A (circle one)		Interpreter Notes:			

Email completed form within 48 hours to: cisfax@ccab.org

3/16/2021 Print Order Form

INTERPRETATION ORDER FORM

Order Number K0316PT03	Customer/Agency City of Somerville - Office of Immigrant Affairs	Department	Requester Maria Muti	Requester Phone 000-000-0000	Interpreter Name Vanusa Sobrinho/13310
Appointment Date 03/15/2021	Start Time 12:00 AM	Estimated Hours 0 hr(s)	Additional Contact	Additional Contact Phone	Language Portuguese
Written Translation Yes/No Yes		Document Name			
Simultaneous/Event Interpretation Approved Yes/No					
Telephonic Appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO					
Start Time 12:00 AM		End Time*		Total Time*	
Contact Person Signature*		Printed Name*		Date*	
Interpreter Signature	Date	Late Cancel	FFSD	CIS Mileage	Mileage Approved? Mileage Amount
Confirmation Call: Yes / LM / N/A (circle one)		Interpreter Notes:			

Email completed form within 48 hours to: cisfax@ccab.org

Order Number		Customer/Agency		Department		Requester		Requester Phone		Interpreter Name	
K0316S05		City of Somerville - Office of Immigrant Affairs				Maria Muñi		000-000-0000		Ileana Moyle-Daniels/12791	
Appointment Date		Start Time		Estimated Hours		Additional Contact		Additional Contact Phone		Language	
03/15/2021		12:00 AM		0 hr(s)						Spanish	
Written Translation Yes/No			Document Name								
Yes											
Simultaneous/Event Interpretation Approved Yes/No											
Telephonic Appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO											
Start Time				End Time*				Total Time*			
12:00 AM											
Contact Person Signature*				Printed Name*				Date*			
Interpreter Signature			Date	Late Cancel	FFSD	CIS Mileage	Mileage Approved?	Mileage Amount			
Confirmation Call: Yes / LM / N/A (circle one)			Interpreter Notes:								
Email completed form within 48 hours to: cisfax@ccab.org											