13/4/2021 Display Invoices



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

Order Number	City of Somerville - Office of		Department			Requeste 000-000-0		Interpreter Name CIS Translator/10338	
K0316CV04	Immigrant Affa	rs		maria muti		1212330			
Appointment Date	Start Time	Estimated Hours	Additional Contact		Additio	onal Contac	t Phone	Language	
03/15/2021 Written Translation Ye	12:00 AM	0 hr(s) Document Nan						Cape Verdean/Portuguese Cr	
Yes	5/NO	Document Nan	ne						
Simultaneous/Event In	terpretation Appro	ved Yes/No							
Telephonic Appointme	nt:YES	NO							
Start Time			End Time*			l v	Total Time*		
12:00 AM			End fille				iotal Time		
Contact Person Signat	ure*		Printed Name*				Date*		
Interpreter Signature			Date	Late Cancel	FFSD	C	CIS Mileage	Mileage	Mileage
*							6	Approved?	Amount
Confirmation Call: Yes / LM / N/A (circle one) Interpreter Notes			es:						
Email completed form within 48 hours to: cisfax@cc									
6/2021				Print Order Form					
Order Number	Contract		Department	INTERPR Requester	ETATI	ON OF		Interpreter Na	
K0316CM02	Customer/Age City of Somerv Immigrant Affa	ille - Office of	Department	Maria Muti		000-000-0		Shuming Four	
Appointment Date	Start Time	Estimated Hours	Additional Contact		Additio	onal Contac	t Phone	Language	
03/15/2021	12:00 AM	0 hr(s)						Mandarin	
Written Translation Ye Yes	s/No	Document Nar	ne						
Simultaneous/Event In									
	terpretation Appro	wed Yes/No							
Telenhonic Annointme									
		ved Yes/No							
Start Time			End Time*			ī	Total Time*		
Start Time 12:00 AM	nt:YES		End Time* Printed Name*				Fotal Time*		
Start Time 12:00 AM Contact Person Signal	nt:YES			Late Cancel	FFSD		Date*	Mileage	Mileage
Start Time 12:00 AM Contact Person Signal	nt:YES		Printed Name*	Late Cancel	FFSD			Mileage Approved?	Mileage Amount
Telephonic Appointme Start Time 12:00 AM Contact Person Signature Interpreter Signature Confirmation Call: Yes	nt:YES		Printed Name*	Late Cancel	FFSD		Date*	Mileage Approved?	Mileage Amount
Start Time 12:00 AM Contact Person Signal Interpreter Signature Confirmation Call: Yes one)	nt:YES	NO	Printed Name* Date	Late Cancel	FFSD		Date*	Mileage Approved?	Mileage Amount
Start Time 12:00 AM Contact Person Signal interpreter Signature Confirmation Call: Yes one)	nt:YES	NO	Printed Name* Date	Late Cancel	FFSD		Date*	Mileage Approved?	Mileage Amount
Start Time 12:00 AM Contact Person Signal Interpreter Signature Confirmation Call: Yes one)	nt:YES	NO	Printed Name* Date	Late Cancel Print Order From INTERPR		C	Date*	Approved?	Mileage Amount
Start Time 12:00 AM Contact Person Signal Interpreter Signature Confirmation Call: Yes one) Email completed for	nt:YES	Interpreter Not Interpreter Not Is to: cisfax@e	Printed Name* Date	Print Order Form		C	Date* CIS Mileage RDER FC er Phone	Approved?	Amount
Start Time 12:00 AM Contact Person Signat Interpreter Signature Confirmation Call: Yes one) Email completed for	nt: YES_ ure* / LM / N/A (circle m within 48 hou	Interpreter Not Interpreter Not Is to: cisfax@d Interpreter Not Is to: cisfax@d Is to:	Printed Name* Date es:	Print Order Form INTERPR Requester	ETATI	ION OF Requester	Date* CIS Mileage RDER FC er Phone 2000	Approved?	Amount
Start Time 12:00 AM Contact Person Signat Interpreter Signature Confirmation Cali: Yes one) Email completed for 6:2021 Order Number K0316PT03 Appointment Date	nt:YES	Interpreter Not Interpreter No	Printed Name* Date es: Ccab.org	Print Order Form INTERPR Requester	ETATI	CON OI Requestee 000-000-4	Date* CIS Mileage RDER FC er Phone 2000	Approved? PM Interpreter Na Vanusa Sobri	Amount
Start Time 12:00 AM Contact Person Signature Confirmation Call: Yes one) Email completed for 6/2021 Order Number K0316PT03 Appointment Date 03/15/2021 Written Translation Yet	nt:YES	Interpreter Not Interpreter Not Is to: cisfax@ Is to: cisfax@ Estimated Hours	Printed Name* Date es: Ccab.org Department Additional Contact	Print Order Form INTERPR Requester	ETATI	CON OI Requestee 000-000-4	Date* CIS Mileage RDER FC er Phone 2000	RM Interpreter Na Vanusa Sobri Language	Amount
Start Time 12:00 AM Contact Person Signat Interpreter Signature Confirmation Call: Yes one) Email completed for 6:2021 Order Number K0316PT03 Appointment Date 33/15/2021 Written Translation Yer fes	et:YES ure* //LM / N/A (circle m within 48 hot Customer/Age City of Somer Immigrant Affa Start Time 12:00 AM	Interpreter Not Interpreter Not Is to: cisfax@ I	Printed Name* Date es: Ccab.org Department Additional Contact	Print Order Form INTERPR Requester	ETATI	CON OI Requestee 000-000-4	Date* CIS Mileage RDER FC er Phone 2000	RM Interpreter Na Vanusa Sobri Language	Amount
Start Time 12:00 AM Contact Person Signat Interpreter Signature Confirmation Call: Yes Conf	et:YES	Interpreter Not Interp	Printed Name* Date es: Ccab.org Department Additional Contact	Print Order Form INTERPR Requester	ETATI	CON OI Requestee 000-000-4	Date* CIS Mileage RDER FC er Phone 2000	RM Interpreter Na Vanusa Sobri Language	Amount
Start Time 12:00 AM Contact Person Signature Confirmation Call: Yes one) Email completed for 62:021 Drder Number K0316PT03 Appointment Date 03/15/2021 Simultaneous/Event In Telephonic Appointme	et:YES	Interpreter Not Interpreter Not Is to: cisfax@ I	Printed Name* Date BS: Ccab.org Department Additional Contact	Print Order Form INTERPR Requester	ETATI	CON OF	CIS Mileage RRDER F(RM Interpreter Na Vanusa Sobri Language	Amount
Start Time 12:00 AM Contact Person Signat Interpreter Signature Confirmation Call: Yes one) Email completed for Order Number K0316PT03 Appointment Date 33/15/2021 Written Translation Yes fes Simultaneous/Event In Telephonic Appointme Start Time 12:00 AM	customeriAge Clip of Semery Immigrant Affa Start Time 12:00 AM SNo	Interpreter Not Interp	Printed Name* Date Best: Cocab.org Department Additional Contact he	Print Order Form INTERPR Requester	ETATI	C C C C C C C C C C C C C C C C C C C	CDS Mileage RDER F(fr Phone tt Phone	RM Interpreter Na Vanusa Sobri Language	Amount
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Start Time 12:00 AM Contact Person Signat Interpreter Signature Confirmation Cali: Yes one) Email completed for C	customeriAge Clip of Semery Immigrant Affa Start Time 12:00 AM SNo	Interpreter Not Interp	Printed Name* Date Best: Cocab.org Department Additional Contact he	Print Order Form INTERPR Requester	ETATI	CON OIL	CDS Mileage RDER F(fr Phone tt Phone	RM Interpreter Na Vanusa Sobri Language	Amount
Start Time 12:00 AM Contact Person Signat Interpreter Signature Confirmation Call: Yes one) Email completed for Order Number K0316PT03 Appointment Date 33/15/2021 Written Translation Yes fes Simultaneous/Event In Telephonic Appointme Start Time 12:00 AM	nt:YES / LM / N/A (circle m within 48 hot Customer/Ageer Immigrant Affa Start Time 12:00 AM Int:YES ure*	Interpreter Not Interp	Printed Name* Date es: ccab.org Department Additional Contact ne End Time* Printed Name*	Print Order Form INTERPR Requester Maria Muti	ETATI	CON OIL	Cis Mileage RDER F(pr Phone Total Time' Total Time'	Approved? ORIM Interpreter Na Vanusa Sobri Language Portuguese	Amount ime hho/13310
Start Time 12:00 AM Contact Person Signat Interpreter Signature Confirmation Call: Yes Consistency Confirmation Call: Yes	et:YES VES VES Customer/Age; City of Somery immigrant Afficiation Approximate the control of th	Interpreter Not Interpreter Not Interpreter Not Interpreter Not Interpreter Not Interpreter Not	Printed Name* Date es: Ccab.org Department Additional Contact ne End Time* Printed Name* Date	Print Order Form INTERPR Requester Maria Muti	ETATI	CON OIL	Cis Mileage RDER F(pr Phone Total Time' Total Time'	Approved? ORIM Interpreter Na Vanusa Sobri Language Portuguese	Amount ime hho/13310

Order Number K0316S05	City of Somervi	Customer/Agency City of Somerville - Office of Immigrant Affairs		Requester Maria Muti			Interpreter Name Ileana Moyle-Daniels/12791	
Appointment Date 03/15/2021	Start Time 12:00 AM	Estimated Hours 0 hr(s)	Additional Contact Additional Co		al Contact Phone	Language Spanish		
Written Translation Yes/No Yes Document Na		me						
Simultaneous/Event	Interpretation Appro	ved Yes/No						
Start Time 12:00 AM Contact Person Signature*		End Time*			Total Time*			
Interpreter Signature		Date	Late Cancel	FFSD	CIS Mileage	Mileage Approved?	Mileage Amount	
Confirmation Call: Yes / LM / N/A (circle one)								