

INVOICE

EDUCATIONAL SIGN LANGUAGE INTERPRETING SERVICES

Department Special Education
Lincoln Public Schools • Lincoln, Nebraska

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: _____

Supervisor Approval Signature: _____ Date: _____

Melissa Weber-Arnold, Special Education Supervisor

Account # Charged: _____ Date: _____

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

Inter-school mail send to: Melissa Weber-Arnold, (mweber2@lps.org), Box 43.

U.S. Mail send to: Melissa Weber-Arnold, Lincoln Public Schools Department of Special Education, 5905 O Street, Lincoln, NE 68510.