

HEMPFIELD SCHOOL DISTRICT
Landisville, Pennsylvania

**EDUCATIONAL INTERPRETER/TRANSLATOR
INVOICE**

This invoice is for payment of interpreting and/or translating services. **This form must be completed in its entirety, verified and signed by the building principal, then forwarded to the Business Office for processing.**

NAME OF INTERPRETER/TRANSLATOR: _____

ADDRESS: _____

PHONE NUMBER: _____ SOCIAL SECURITY #: _____

SERVICE PROVIDED TO (SCHOOL NAME): _____

PERSON REQUESTING SERVICE: _____

DISTRICT CONTACT: _____

DETAILED EXPLANATION OF/AND REASON FOR SERVICE: _____

DATE OF SERVICE: _____ TIME OF SERVICE: _____

HOURLY RATE _____ X _____ HOURS HOURLY RATE TOTAL _____

MILEAGE FROM: _____ TO: _____ = _____ # of MILES X \$0.56 IRS RATE

MILEAGE TOTAL _____

TOTAL AMOUNT DUE _____

Interpreter's/Translator's Signature

Principal's Signature

Interpreter's/Translator's Name Printed

Account Code

Hempfield School District

Landisville, PA

Mileage Chart

	ADM	CES	EPES	FES	LPC	LIC	MES	RES	CMS	LMS/ MAINT	LEC	HHS	IU-13
ADM	-	2.9	4.3	4.8	0.5	0.6	4.4	5.0	2.9	0.6	0.2	0.2	8.7
CES	2.9	-	3.7	4.3	2.5	2.5	2.8	2.8	0.1	2.8	3.1	3.0	8.2
EPES	4.3	3.7	-	7.9	4.5	4.6	6.2	4.1	3.9	4.6	4.0	4.1	5.9
FES	4.8	4.3	7.9	-	4.3	4.4	3.2	5.3	4.2	4.4	4.8	4.6	12.9
LPC	0.5	2.5	4.5	4.3	-	0.1	4.0	4.6	2.5	0.3	0.4	0.7	9.2
LIC	0.6	2.5	4.6	4.4	0.1	-	4.1	4.7	2.6	0.2	0.5	0.7	9.3
MES	4.4	2.8	6.2	3.2	4.0	4.1	-	3.5	2.8	4.3	4.8	4.5	9.3
RES	5.0	2.8	4.1	5.3	4.6	4.7	3.5	-	2.8	4.9	4.8	5.0	6.6
CMS	2.9	0.1	3.9	4.2	2.5	2.6	2.8	2.8	-	2.8	2.7	3.0	8.2
LMS/MAINT	0.6	2.8	4.6	4.4	0.3	0.2	4.3	4.9	2.8	-	0.6	1.0	9.2
LEC	0.2	3.1	4.0	4.8	0.4	0.5	4.8	4.8	2.7	0.6	-	0.3	8.6
HHS	0.2	3.0	4.1	4.6	0.7	0.7	4.5	5.0	3.0	1.0	0.3	-	8.9
IU-13	8.7	8.2	5.9	12.9	9.2	9.3	9.3	6.6	8.2	9.2	8.6	8.9	-