


Job# \_\_\_\_\_

Payment# \_\_\_\_\_

Invoice# \_\_\_\_\_

**Asian Services in Action, Inc.**   
**Interpreting and Translation Services**  
 c/o Interpreting and Translation Team  
 370 East Market Street, Akron, Ohio 44304

**INTERPRETER REQUEST FORM**

E-Mail: [admin@asiaohio.org](mailto:admin@asiaohio.org) (preferable) or Fax: 330-535-3338

Interpreter Requesting: 330-535-3263 ext. 5317

Emergency line / After Service Hour: 216-534-1891

Today's date: \_\_\_\_\_

Language requested: \_\_\_\_\_

Date interpreter's services are required: \_\_\_\_\_

Start Time: \_\_\_\_ : \_\_\_\_ AM/PM Estimated Completion Time: \_\_\_\_ : \_\_\_\_ AM/PM

**BILLING INFORMATION:**

Company Name: \_\_\_\_\_

Department: \_\_\_\_\_

Attention To: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Exact Location of appointment: \_\_\_\_\_

Contact Person (person completing this form): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Patient/Client name(s): \_\_\_\_\_

Please describe type of service(s) for this appointment: \_\_\_\_\_

**For ASIA Office Use only:**

Interpreter's name: \_\_\_\_\_ Date accepted: \_\_\_\_\_

Notes: \_\_\_\_\_

Billing \_\_\_\_\_ Interpreter Payment \_\_\_\_\_ Mileage \_\_\_\_\_ Parking fee \_\_\_\_\_