

FORM TO BE COMPLETED BY REQUESTING AGENCY

**COMMUNITY INTERPRETER SERVICES (CIS)
REQUEST FOR WRITTEN TRANSLATION SERVICES**

Fax # (617) 464-8151 Phone # (617) 464-8109 Email: CIS_Request@ccab.org

Requesting Agency: please hand-write or type all requested information in sections: "Requesting Agency Contact Information" and "Translation Specifics". Upon completion of form and receipt of document, CIS will call the requesting agency to give price quote. *CIS reserves the right to refuse requests for interpreter or translation services which are not in accordance with agency mission, policies, or code of ethics.*

REQUESTING AGENCY CONTACT INFORMATION

- Requesting Agency: _____
- Billing Address: _____
- Contact Person: _____
- Date of request: _____ Telephone: _____
- Approved by: _____
(Supervisor at Requesting Agency)

TRANSLATION SPECIFICS

- Language: _____
- Name of Document/LEP Client: _____
- Requested Timeframe for Completion: _____
- Number of Pages in Document: _____
- How do you want the translated document transmitted to you?
 - Fax, please provide number: _____
 - Electronic, please provide email: _____
 - Regular mail, please provide address: _____
- Special Requests: _____

FOR CIS INTERNAL USE ONLY

Request Received Date: _____	CIS Staff Receiving Request: _____
Request Approved: YES NO	Authorized Signature: _____
Date Assigned to Interpreter: _____	Assigned Interpreter Name: _____
Price Quote to Vendor: _____	Payment Quote to Translator: _____
Completed Translation—Date Received: _____	Completed Translation—Date Sent to Vendor: _____
CIS Confirmation of Completion (also indicates that all information in system and ready for billing/payment): _____	