

FORM TO BE COMPLETED BY REQUESTING AGENCY



# COMMUNITY INTERPRETER SERVICES

## REQUEST FOR WRITTEN TRANSLATION SERVICES

Phone: (617) 464-8100 • Fax : (617) 464-8151 • Email: CIS\_Request@ccab.org

**Requesting Agency:** Please complete the below form with all of the requested information. Completed forms and the documents for translation can be emailed or faxed to the addresses above. We prefer a Microsoft Word version of the source document if available. Upon receipt of the form and document/s, CIS will respond to the requesting agency with a price quote within 24 hours. Please note: *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: \_\_\_\_\_ Telephone: \_\_\_\_\_
- Approved by: \_\_\_\_\_  
\*Please include your agency's required billing code if applicable (approval #, PO #, etc.)

### TRANSLATION SPECIFICS

- Language/s: \_\_\_\_\_
- Name of Document/s: \_\_\_\_\_
- Requested Timeframe\* for Completion: \_\_\_\_\_  
\*Please specify if you have a firm deadline
- Number of Pages in Document/s: \_\_\_\_\_
- How would you like the completed translation transmitted to you?
  - Fax, please provide number: \_\_\_\_\_
  - Electronic, please provide email: \_\_\_\_\_
  - Regular mail, please provide address: \_\_\_\_\_
- Special Requests (notarized certificate of translation, specific format, etc.): \_\_\_\_\_

### FOR CIS INTERNAL USE ONLY

Price Quote to Vendor: \_\_\_\_\_ Assigned Translator Name: \_\_\_\_\_

Request Approved:      YES                  NO                  Payment Quote to Translator: \_\_\_\_\_

Estimated Timeframe: \_\_\_\_\_ Due Date for Translator: \_\_\_\_\_