

INTERPRETER CLAIM FORM/INVOICE INSTRUCTIONS

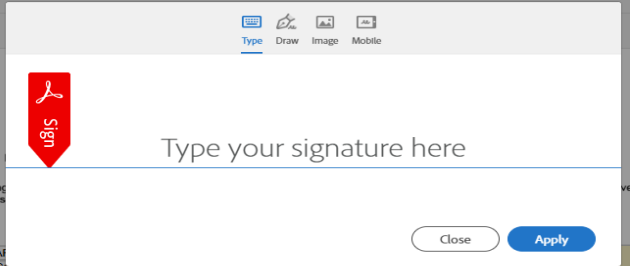
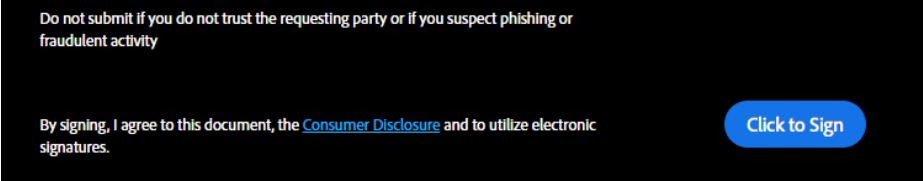
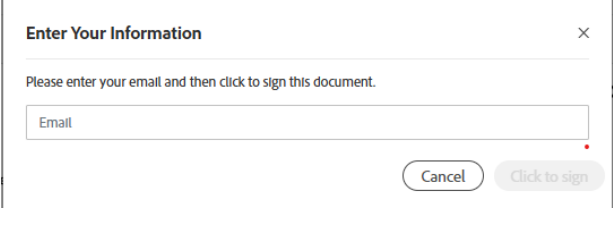
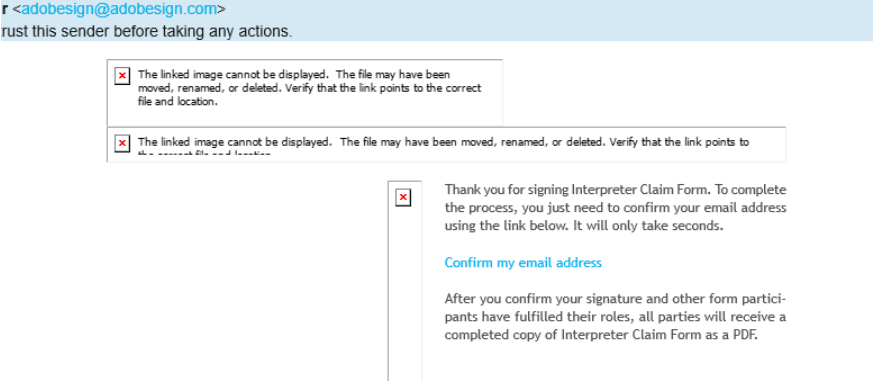
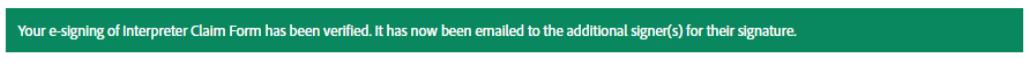
- Click on the Claim Form/Invoice link
- Click Continue

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

Continue

- Click Next or place the cursor on the Name section to start filling out the form.

Name:	Enter claimant name.
Payable To:	Enter claimant name and/or business name to receive payment. This must match the information on file.
DAL/CIDCS Entry Completed:	Check the box to indicate the daily activity log has been entered.
Date:	Enter assignment date in M/D/YY format.
Language:	Use the drop-down to select a language.
Certification:	Use the drop-down to select certification status.
Assignment:	Select the assignment for the date worked. Half Day, Full Day, or, if hourly, enter the number of hours.
Remote:	Select if the claimant assisted remotely.
Dual Language Fee \$:	For dual language, another entry must be made to the form. Enter Date, Language, Certification. If certification is not in the drop-down, enter certification status under the comments section. DO NOT select Half Day, Full Day, or enter the number of hours. Dual Language Fee: Enter the amount provided by Coordinators.
Mileage Round Trip:	Enter the mileage provided by Coordinator(s).
Travel Time Hours Round Trip:	Enter travel time provided by Coordinator(s). Note: there are two different columns, one for Non-Cert/Non-Reg interpreters and another for Cert/Reg interpreters.
Misc \$:	Enter expenses other than travel and mileage; receipts are required for reimbursement.
Comments:	Enter any comments or leave blank
Payment Calculation:	Enter your Half Day Rate, if applicable. Provided by Coordinator(s).
	Enter your Full Day, Rate, if applicable. Provided by Coordinator(s).
	Enter your Hourly Rate, if applicable. Provided by Coordinator(s).
	The invoice will auto-populate the total amount.
Payment Type:	Select Check or EFT.
Date:	Auto populates.
Claimant's Signature:	Claimant must sign the form. * Signature Click here to sign

Sign by selecting Type or Draw, Enter your name & Select Apply:	
Select - Click to Sign:	
Enter your email address and select Click to sign:	
Almost Done:	You may receive an email asking that you confirm your email address to finalize the claim form. Follow the instructions. Once you confirm, both the contractor and the coordinator will receive the signed invoice. After the Coordinator approves the claim form, the contractor will receive a final PDF copy. Just one more step We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your signature on "MAD-INT-ClaimForm.2026" until you've confirmed.
Open your email and find the email from AdobeSign, and Select Confirm my email address:	
You might then see this in the browser:	

Note: If you are claiming overtime, you must enter an additional entry for the day it occurred by checking the AM, PM, or Full Day box, entering the amount of overtime in the “# of hours” column, and entering your overtime rate in the Hourly Rate section of the invoice.