

**Legal & General Language Services Ltd**  
**Interpretation/Translation Claim Form**

**Interpretation**

Name of client _____		Language _____	
Date of interpretation ____/____/____		Venue _____	
Booked start time _____:_____		Arrival time at venue _____:_____	
Interpreting start time _____:_____		Interpreting finish time _____:_____	
(For telephone interpreting: <u>Outgoing call, interpreter's phone</u> Minutes _____ <u>Incoming call</u> Minutes _____)			
Court case start time ____:____		(Lunch break* start ____:____ finish ____:____)	
Court case finish time ____:____			
<i>* Please give duration of lunch break and/or indicate if worked during lunch break:</i>			
<b><u>To be signed by Organisation Representative/Legal Advisor/Case Officer/Solicitor/Barrister</u></b> <b>( Please indicate if the interpreter arrives late for the assignment )</b>			
Name of Officer/Solicitor _____		Signature of Officer/Solicitor _____	
<i>(Please print)</i>			

**Travel Costs**

Bus/Train fare (Return) _____		<b>(please send tickets)</b>		Total Car miles (Return) _____	
Journey time (Return) _____		Car Parking _____		<b>(please send tickets)</b>	
<i>Excessive mileage and travel times will be verified with the AA (Automobile Association) and/or equivalent websites and adjusted if necessary.</i>					

**Translation / Transcription**

Booking date _____		ID _____		Client/Organisation _____	
Description/Title of document(s) _____					
Word count/Length of recording _____					

**Interpreter / Translator Details**

**Declaration**

I declare that the above claim is true and accurate. Should I provide false information, the company has the right to take necessary action. I understand that I am responsible for my own tax and National Insurance as a freelance interpreter/translator.

Name (please print) _____		Signature _____	
Date _____		Your home address _____	

\*\*\*YOUR PAYMENT WILL BE MADE BY BACS ONLY. THEREFORE PLEASE COMPLETE YOUR ACCOUNT DETAILS BELOW \*\*\*

**Bank:** \_\_\_\_\_ **A/C Name:** \_\_\_\_\_ **Sort Code:** \_\_\_\_\_ **A/c No.** \_\_\_\_\_

**Your payment may be affected if the form is not completed fully**  
(Late arrival for appointment will lead to a reduction / loss of payment)