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|  | Metro Interpreter Center  Ezzat Al Haidar, Coordinator  112 University Drive North  Fargo, ND 58102 Cell ph:  701-630-0676 Fax: 701-526-3001 [E-mail: mirc@culturaldiversityresourcesorg](mailto:mirc@culturaldiversityresourcesorg) |

**Interpreter Request Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hiring Agency Name: | |  | | | | | | | |
| Contact for this request: | |  | | | | Phone: | |  | |
| Billing Address: | |  | | | | | | | |
| Preferred gender of interpreter: | | | | | Male Female No preference | | | | |
|  | | | | |  | | | | |
| **APPOINTMENT INFO** | | | | | | | | | |
| Appointment Date: | | | Appointment Time: | | | | Appointment Length: | | |
| Facility Location (be specific): | | |  | | | | | | |
| Language/Dialect: | | |  | | | | | | |
| Other Preferences/ Specifications: | | |  | | | | | | |
| Notes: | | |  | | | | | | |
| Authorized Signature: | | |  | | | | | | |
| ***Your signature above indicates authorization to secure interpreting services and responsibility for payment on behalf of your company named above.* Please fax Interpreter Request Form to 701-526-3001 or email at** [**mirc@culturaldiversityresources.org**](mailto:mirc@culturaldiversityresources.org) | | | | | | | | | |
| **Requires one full business day notice to cancel an assignment; otherwise, payment in full is expected.** | | | | | | | | | |
| **BILL FOR SERVICE** | | | | | | | | | |
| Date | Agency Staff Person | | | Hours:  @ $ /hour | | | | | Total : $ |
| **The services described herein were provided in a satisfactory manner. Billing for service can proceed.** | | | | | | | | | |

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