INTERPRETER REQUEST FOR UNIVERSITY SPONSORED ACTIVITY

Today’s Date: ___________________________ Date of Event: ___________________________

☐ M ☐ T ☐ W ☐ TH ☐ F ☐ SA ☐ SU

Requestor Name: ___________________________ Email: ___________________________

Event Title: ___________________________

Location: ___________________________ Start Time: ___________________________ End Time: ___________________________

Meeting Time For Interpreter: ___________________________ Meeting Location For Interpreter: ___________________________

Other Comments/Helpful Info: ___________________________

For Office Use Only

☐ Request Filled ☐ Event Cancelled ☐ No-Show

Department To Be Billed: ___________________________ # Of Service Providers Required: ___________________________

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<tr>
<th>Service Provider</th>
<th>Hourly Rate</th>
<th>Hours</th>
<th>Travel Time</th>
<th>Cost</th>
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Total: ___________________________

Please note: Our ability to schedule interpreters relies on receiving a complete request form. Submit your requests for interpreters at least 2 weeks in advance. **Not submitting a request in time may result in an inability to find an interpreter.** Cancellations must be made through Disability Services a minimum of 24 hours in advance. Failure to do so will result in a “no-show” being recorded.