

ITLS LTD. LANGUAGE NO BARRIER

TIMESHEET

TIMESHEET MUST BE SUBMITTED WITHIN FIVE WORKING DAYS FROM THIS ASSIGNMENT DATE, A PENALTY OF 10% WILL APPLY FOR LATE SUBMISSION OF TIMESHEET. FORMS RECEIVED AFTER 30 DAYS FROM THE DATE BELOW ITLS WILL NOT BE LIABLE FOR PAYMENT.

Booking Confirmation for Interpreter :

Interpreters Name Ms Farida Tarakhell

Further to our telephone conversation, please see the details below of your accepted assignment

CLAIM FORM

Job No	Date of appointment	Time of Appointment	Client Details	Address	Language
ITLS\70726	25/11/2014	03:00 PM	Galmina Mirzia	Antenatal Clinic, Barnet Hospital Wellhouse Lane, Barnet EN5 3DJ - Midwife	Pashto

TO BE COMPLETED BY CLIENT:

Start Time: 15 ⁰⁰	End Time: 16 ⁴⁵	Duration: 1 hrs 45 mins	Total: 1 hr 45 mins
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I certify that the hour(s) shown above have been completed and accepted that these will be partial basis of an invoice in accordance with your terms and conditions of business and or any specific agreements made for this assignment.

Officer's Name:	Position/Department	Date:	Signature :
Onoran	midwife	25/11/14	Onoran

Your comments:

The Interpreter was: Punctual ☒ Late: ☐ if late how late? Professional: ☒ Excellent ☒ Good ☐ Poor ☐

Any other comments: -----

TO BE COMPLETED BY INTERPRETER:

I declare that the hours confirmed below are true and accurate.

No of hours worked:	Signature	Date:
1 hr 45 min	S	25.11.14

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