

Please submit the completed form to : bursary\_communitysvc@atia.ab.ca

Community Services

**Interpretation/Translation Request Form**

Name of Organization Requesting the Service		Contact Person	
Mailing Address			
Telephone No.			
Client Name		Client Tel No./Email	
Service Requested:	<input type="checkbox"/> Certified Translation <input type="checkbox"/> Non-certified Translation Delivery Date: _____		<input type="checkbox"/> Interpretation  Appointment Date and Time: _____
Language Requested:	From _____ to _____		
<b><i>Service Provided:</i></b>			
ATIA Translator/ Interpreter	Name		Tel No.
	ATIA No.		Email:
Date of Service:			
<input type="checkbox"/> <b><i>Translation</i></b> Total Wordcount _____ No. of Document _____		<input type="checkbox"/> <b><i>Interpretation</i></b> No. of Hrs. _____	
Additional Expense (Please specify)		Additional Expense (Please specify)	
<b><i>Declaration:</i></b>			
I hereby declare that I have provided the above service to the organization and the client(s) named above under the "ATIA Community Service" initiative.			
<i>Translator/Interpreter (sign)</i> _____			
<i>Requestor Organization/Client (sign/seal)</i> _____			
<i>Date:</i> _____			
<b>For ATIA Use only</b>			
<input type="checkbox"/> Approved for invoice amount _____ Payment Confirmation: _____			
<input type="checkbox"/> Not approved. Specify reason _____ _____			