



AFRICAN ALLIANCE INTERPRETATION SERVICES

DATE INITIATED:	
REQUESTOR NAME:	BEST PHONE# (useful for interpreter if issues arise right before assignment):
DATE(S) OF SERVICE:	TIME FRAME:
LOCATION OF SERVICE or ZOOM LINK and MEETING ID AND PASSWORD:	
LANGUAGE:	Country:
Is there a gender preferred? (optional)	<input type="checkbox"/> Male <input type="checkbox"/> Female
DESCRIPTION: (Nature of Services)	
STUDENT AND PARENT COMPLETE NAMES and PHONE NUMBER:	
TO AVOID CANCELLATIONS AND TO REQUEST THE SERVICE, PARENT SHOULD HAVE AGREED PREVIOUSLY TO THE DATE AND TIME REQUESTED AND WILL NEED TO BE REMINDED ABOUT IT (UNLESS THE RECIPIENT IS THE STUDENT AND THE SERVICE WILL HAPPEN DURING SCHOOL HOURS). IF YOU NEED HELP WITH THAT, PLEASE NOTE IT HERE.	
<p>The District agrees to pay for the services per the rates and conditions as follows:</p> <ol style="list-style-type: none">1) Minimum service time is one hour at \$70.00 per hour for consecutive interpretation in mode. \$90 per hour for simultaneous interpretation.2) Rate for the first hour is \$70.00, and \$45.00 for the following hours assessed at 30 minute increments. (Ex: 90 minutes = 1.5 hours = \$130)3) Additional charge of 0.50 cents per mile after 10 miles for appointments located more than 10 miles from interpreter's office. Mileage charge to compensate interpreters for travel.4) Lemon Grove School District agrees to remit payment in full within 30 working days of invoicing, to the Alliance for African Assistance	
<p>Please send this form to Ismael Gonzalez at translator@lemongrovesd.net BE SURE TO NOTE "TRANSLATION REQUEST" in the subject line of your email</p>	