

**REMINDER:** Forms are due by the 5th of each month.

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**Associated Language Consultants**

*Interpreting, Translating and Teaching Services*  
880 Grandville Ave, Suite B  
Grand Rapids, MI 49503-5049

**MONTHLY PAYMENT COVER FORM**

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Consultant's Name: \_\_\_\_\_, \_\_\_\_\_  
(First Name) (Last Name)

Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

**FOR interpreter's RECORD ONLY**

TOTAL HOURS for the MONTH:

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
(Hours) (Rate) (Total)

TOTAL MILEAGE INCURRED: \_\_\_\_\_

TOTAL PARKING COST INCURRED: \$ \_\_\_\_\_

**OFFICE USE ONLY**

Total Hours (Interpretation):

\_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_  
(Hours) (Rate)

Total Cost (Translation): \$ \_\_\_\_\_

TOTAL PAYMENT = \$ \_\_\_\_\_

Payment Issued:

Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Check #: \_\_\_\_\_