



**Associated Language Consultants**

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

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

**TRANSLATION FORM**

Date Service Provided:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Approval #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Patient/Client Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Consultant's Name: \_\_\_\_\_

Language: \_\_\_\_\_

**Cost:**

Appx. Words \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

# of Pages \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**Summary of Services:**

\_\_\_\_\_ Medical Evaluation      \_\_\_\_\_ Instruction Letter      \_\_\_\_\_ Other \_\_\_\_\_

**OFFICE USE ONLY**

Hour(s) Incurred: Costs Incurred:

\_\_\_\_\_ \$ \_\_\_\_\_