County of San Bernardino
Department of Behavioral Health

Contract Language Services Log for the Month of _____Year _____

Clinic Name:_____

Date	RU#	Vendor Name	Interpreter Name	Language	Time In	Time Out

At the end of the month the Front Office Supervisor signs here for all of the sheets for the entire month. Please inter-office (0026) a copy to DBH-Fiscal and retain a copy for your records.

Name:_____ Signature: _____ Date:_____