

## San Bernardino County 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
<p>Please record interpretation services for both threshold and non-threshold language clients. At the end of the month, the Front Office Supervisor signs below for all of the sheets for the entire month. Please either inter-office the log to Fiscal (mail code 0026) and OCCES (mail code 0026) OR email the log to <a href="#">DBH - Procurement</a> and <a href="#">DBH - Cultural Competency</a>. Retain a copy for your records.</p>						

Name:	Signature:	Date:
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