



Interpretation Service Request

Date: _____ Requestor: _____

Event Name: _____ Event Date: _____

Program/Unit: _____ Telephone: _____

Event Start Time: _____ Event End Time: _____

Note: Include 15 minutes to allow for interpreter check-in at start time.Address and Location of Event (please include room number or indicate if meeting is virtual):

Supervisor Name: _____ Cost Center: _____

☐ Checking this box provides approval for the Office of Equity and Inclusion (OEI) to charge the cost of interpretation to the Cost Center listed above if an outside vendor is necessary.**Description of Event:**

- Meeting
☐ Public Forum
☐ Other _____

Language Requested:

- ☐ English
Mandarin
Spanish
Other _____ Vietnamese

Equipment Request: (If Applicable)

- ☐
- Interpreter Equipment

By submitting this form, you are agreeing to the following:

- ☐
- No staff available for interpretation in region or specialized program.

Special Instruction and Justification: _____

_____**Submit this form electronically** to DBH - OEI at dbh-languageservices@dbh.sbcounty.gov**OEI Office Use Only**

Date:

Log Number:

Contractor:

Date Confirmed with Program/Requestor:

Quoted
Expense:Invoiced
Amount: