



INTERNET REQUEST FOR INTERPRETING

Assignment details:

Date request submitted:

Date interpreting service required:

Name of interpreter: *[if not specified, to be assigned by BOPIS]*

Start time:

End time: *[if known]*

Original language:

Target language:

Client details:

Name/Company/Partnership/Trust:

Phone:

Person to contact:

Method of payment (no credit):

Signing and acknowledgement:

I/We agree to comply with the Terms and Conditions expressed on the website. I/We acknowledge reading the Terms and Conditions. Where the client is a Company/Partnership/Trust, I/We acknowledge that I/We have authority to act on behalf of the Company/Partnership/Trust.

Signed:

Date:

Bay of Plenty Interpreting Service, PO Box 841, Complex 1, upstairs, Main Street, Historic Village on 17th Avenue, Tauranga