

## TRANSLATION SERVICES: REQUEST FOR REIMBURSEMENT

- Translators must be certified by the American Council on the Teaching of Foreign Languages (ACTFL) and be proficient at or above the intermediate level in reading and writing proficiency in English and the sought foreign language
- Translation services will be reimbursed at a rate of \$0.18 per word based on the source word count. For single pages and/or small projects (i.e. under 500 words), the rate will be \$0.25 per word based on the source word count.
- Reimbursement will not be provided when Translation Services are rendered to afford access to the services of other entities.
- Providers are encouraged to submit monthly invoices to DDSN for reimbursement of all Translation Services provided in that month. Invoices from the Translation Services provider must be attached.

Provider Name: \_\_\_\_\_ Person Completing Form: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Name of DDSN Eligible Person or Applicant</u>	<u>Date of Birth</u>	<u>Document Translated (e.g., CM Support Plan; Residential Plan)</u>	<u>Rate Per Word</u>	<u>Source Word Count</u>	<u>Amount Paid (\$)</u>
			<u>Total Amount Requested</u>		

For DDSN Use Only:     District I     District II    Approved Amount: \$ \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_  
 District Office Staff signature