



TICKET # 0014547

www.CKIRA.org
Central Kentucky Interpreter Referral, Inc.

Interpreting
Service Receipt

859-236-9888 Contact Person: _____

Contact Phone: _____

Bill to: Fayette Urban County Government

*Sign Language and
Foreign Language Translation*

Client _____ Group (Check Here)

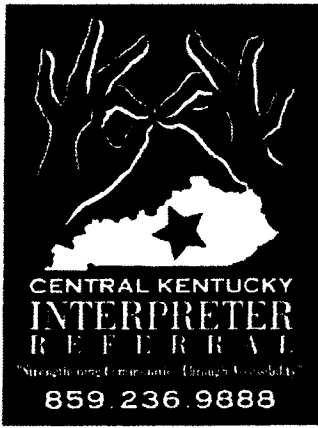
Date of Service	Description of Assignment	Time of Assignment	Total Time/ ✓ for MAT	Portal	If Teamed check below
4-26-12	disability seminar	8:00 AM	2.75	2	✓

Please call again for your future interpreting needs.

Demetrius Pauland
Interpreter

Kristen M. [Signature]
Signature Time Verified

If you have any questions or comments concerning the interpreting services received or for a list of rates, please call 859-236-9888. Thank you!



TICKET # 0013924

www.CKIRA.org
 Central Kentucky Interpreter Referral, Inc.

Interpreting
 Service Receipt

859-236-9888 Contact Person: _____

Contact Phone: _____

Bill to: Fayette Urban County Government

*Sign Language and
 Foreign Language Translation*

Client _____ Group (Check Here)

Date of Service	Description of Assignment	Time of Assignment	Total Time/ ✓ for MAT	Portal	If Teamed check below
4-26-12	disability seminar	8:00 AM	2.75	2	✓

Please call again for your future interpreting needs.

Stephanie Owens
 Interpreter

[Signature]
 Signature Time Verified

If you have any questions or comments concerning the interpreting services received or for a list of rates, please call 859-236-9888. Thank you!



Lexington-Fayette Urban County Government
DEPARTMENT OF SOCIAL SERVICES

Jim Gray
Mayor

Beth Mills
Commissioner

MEMORANDUM

TO: Mayor Jim Gray
Members of the Council

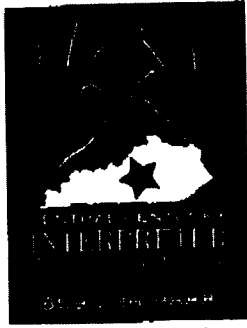
FROM: *Beth Mills*
Beth Mills, Commissioner
Department of Social Services

DATE: March 16, 2012

SUBJECT: Billing Agreement for American Sign Language Interpreting Services

Requesting Council approval to enter into a Billing Agreement with Central Kentucky Interpreter Referral, Inc. for American Sign Language Interpreting Services. The cost of the service will be no less than \$100 and will not exceed \$600, paid on an hourly basis. Sign language interpreting is an essential service for the Celebration of Disability Expo on April 26, 2012.

This is a fully funded expense for the Commission for Citizens with Disabilities.



Central Kentucky Interpreter Referral, Inc.
 P.O. Box 104 • Danville, KY 40423
 859.236.9888

**Servicios De Traducciones
 De Kentucky Central**
 Open 24 hours, 7 days a week
 Abierto las 24 horas. Lunes a Domingo
**Sign Language and
 Foreign Language Translation**
 Monday-Friday

**Billing Agreement for American
 Sign Language Interpreting Services**

Initial fee is \$100.00. * Assignments that go beyond two hours will be assessed an additional \$50.00 for each hour in 15 minute increments.

Holidays, Weekends and Evenings after 6:00pm Initial fee is \$110.00, with a \$55.00 charge for each hour beyond two hours.

Additional fees if applicable,

- Interpreters charge Portal Charges. We will make every effort to find an interpreter in your area. When assessing portal charges, CKIR uses Mapquest. ®
- If your office would like to be notified before the assignment where the interpreter will be traveling from, please request a call back when scheduling the appointment.
- If an assignment is longer than two hours, CKIR may have to schedule two interpreters to work as a team which would be the same fee as above for each interpreter.
- Out-of-town assignments involving travel, meals, lodging, etc.

Cancellation Policy- You will receive an invoice based on the above rate schedule for:

- Assignments that are cancelled with less than 24 hour notification
- Assignments where an interpreter was requested but not needed
- Assignments lasting more than two hours requiring a team of two interpreters
- Assignments when the requested interpreter arrives, but the Deaf or Hard of Hearing client does not.
- Inclement Weather- CKIR does not bill if your entire office/business must close due to weather however, if you are open, then our standard cancellation procedures will apply.

All requests and/or cancellations of interpreter services must be communicated through our main number at 859-236-9888 or faxed at 859-936-8705 or emailed at easytoreserve@kininc.org. On site interpreters are not permitted to accept cancellations and/or scheduling requests. All cancellations must be communicated with our main office weekdays between 8:00am-4:00pm. Calls that come in after 4:00pm and/or on weekends will be counted as received at 8:00am the next business day.

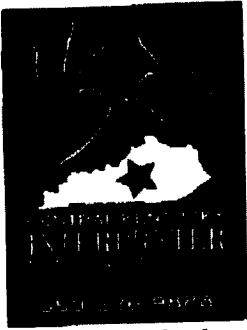
I have read, understand, and agree to the above information regarding payment for services rendered. A copy or facsimile of this document will be considered an original. I further understand that Central Kentucky Interpreter Referral Inc. supports the interpreting profession as well as the Registry of Interpreters for the Deaf.

 Company Name

 Signature Date

 Mailing Address

 Print Name and Title



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859.236.9888

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Foreign Language Translation*

Billing information:

Company Name:

Contact person for billing:

Phone

Fax

Email Address

Physical Address

Mailing Address

Unless otherwise instructed CKIR sends invoices electronically through email. If you cannot receive emails please let us know how you wish to receive your invoices.

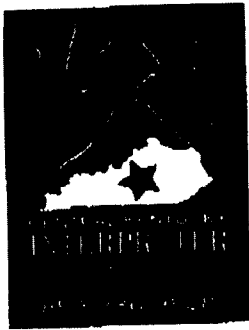
Thank you,

Teresa Richards

Billing Specialist

Central Kentucky Interpreter Referral, Inc.

Phone: 859-236-9888 Fax: 859-936-8705 Email: accounting@kininc.org



Central Kentucky Interpreter Referral, Inc.
P.O. Box 104 • Danville, KY 40423
859.236.9888

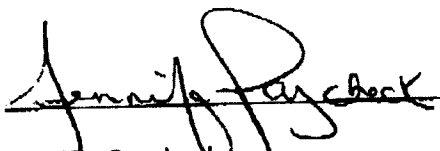
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Addendum to Billing Agreement

Normal billing practices provide that Interpreters charge a minimum of two hours for assignments in addition to portal charges; however, CKIR agrees to charge our local physicians, those being in Boyle County, a minimum of only one hour. CKIR makes every effort to provide local interpreters but on rare occasions interpreters outside of the Danville area must be used for our local assignments, most of our interpreters agree to the one hour minimum and charge only a minimal amount of portal. If on the occasions we must use an interpreter who wishes to charge a two hour minimum CKIR will contact you so that you can decide if that is what you wish to do or if you would like to move the appointment to a time that a local interpreter would be available.

Please sign below.

Thank you,


Jennifer Paycheck

Director of Operations

Central Kentucky Interpreter Referral, Inc.

Central Kentucky Interpreter Referral, Inc.

Phone # 859.236.9888

Interpreting Invoice

Date	Invoice #
5/8/2012	10713

Bill To:

Contact Person:

Lexington-Fayette Urban County Government

Check for Spanish _____

Interpreter on Site

Item	Date of Service	Description of assignment	Total Time*	Rate	Amount
1 Sign Lang-D...	4/26/2012	Interpreter services	2.75	50.00	137.50
1 Sign Lang-D...	4/26/2012	Portal	2	50.00	100.00
1 Sign Lang-D...	4/26/2012	Interpreter services	2.75	50.00	137.50
1 Sign Lang-D...	4/26/2012	Portal	2	50.00	100.00

123-133001-1305-
71299

Total	\$475.00
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**Please send payment
 Within ten days to:**

**Central Kentucky Interpreter Referral Inc.
 P.O. Box 104
 Danville KY 40423**

FEIN: 20-1242765

Payments/Credits	\$0.00
Balance Due	\$475.00

Pay online at: <https://ipn.intuit.com/2...>