



Intercultural Mutual Assistance Association, Inc
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www.imaa.net

Please reference this invoice number
on all checks and correspondence.

IMAA PROFESSIONAL LANGUAGE SERVICES

IMAA Work Order

<i>Type If Requesting Specific Interpreter</i>		* Language:	
* Interpreter Name:			
* Client First Name:		* Client Last Name:	
* Gender:		* DOB (mm/dd/yyyy): <input type="checkbox"/> or N/A: <input type="checkbox"/>	
* Client Phone:	* Patient ID:	N/A: <input type="checkbox"/>	* Insurance ID:
Client Address:			City:
State:		Zip Code:	
* Appointment Date:		* Appointment Time:	Appt. Length:
* Appointment Address: Agency Client Home Phone		* Appointment Type: In-Person Phone Call <input type="checkbox"/> Other (Please Specify in Notes)	
* Requester Name:		* Requester Email:	
* Requesting Agency Name:		* Other:	

Notes:

Requesting Agency Information

* Agency Address: _____ * City: _____ * State: _____

* Zip Code: _____ * Phone Number: _____

To Be Completed at Job Site

* Arrival Time: _____ * Departure Time: _____ * Total (ex:1.25) _____

* Travel Outside of Olmsted County: No

* Interpreter Signature: _____ Date: _____

* Verifying Staff Signature: _____ Date: _____

Interpreter: All Work Orders must be signed and the information that has an * next to it must be completed for payment.