

WRITTEN TRANSLATION SERVICE AUTHORIZATION FORM

STEP 1: PRIOR AUTHORIZATION

TO: Accent on Languages Ph: 510-655-9470 Fax: 510-655-9590

The County of San Diego has authorized the following written translation service in accordance with Contract #541682:

Requestor's Name:

Requestor's Agency Name:

Department Invoiced:

Billing Address:

Phone#:

E-mail:

Authorized By: _____

Date: _____

(Signature of Program Manager or designee)

Print Name:

Phone (if different than above):

Fax:

Item Description	Source Language	Target Language	Quantity (Words)	Urgent or Routine Request * (Will Affect Pricing)	Rate per Word (see Exhibit C)	Total
Total for Services:						\$100

*Urgent translation indicates it is needed within 72 hours. Urgent requests are charged at a different rate and needs to be noted above. For HHSA/Probation use: Title 9 defines "Urgent Psychiatric Condition" which is a condition, without timely intervention is certain to result in an emergency psychiatric condition.

Date Sent to Contractor:

DUE DATE / TURNAROUND:

Requestor Comments to Contractor:

STEP 2: TO BE FILLED OUT AFTER SERVICES HAVE BEEN PROVIDED JOB ORDER #: _____

This is to certify that documents were translated and received by Requestor and that Requestor has reviewed & approved of translated documents:

Verified by: _____ Date: _____
(Signature of Requestor)

STEP 3: REQUESTOR SENDS COMPLETED FORM TO CONTRACTOR FOR FINAL RECORDS AND INVOICING.

Probation Staff only: Forward a copy of the completed SAF (original copy) to Probation Accounting; Attn: Rose Perrian, Mail Stop: P232.