

All In One Transportation, Inc. - Weekly Interpreter Invoice

Saturday Ending: _____
Interpreter Name: _____
Remit Address: _____
City/State/Zip: _____
Phone Number: _____

Invoices must be received by 8:00 AM Monday
 Drop off or mail to:
 All In One Transportation, Inc.
 19990 Skywest Drive Hayward, CA 94541
 or fax to: (408) 834-7534 or email to: billing@allinonetrans.com
Cell phone pics will not be accepted

	Date	Patient Name	Appointment Time AM/PM	Doctor/Facility Name	Appointment City	Agreed Rate (Incl. Bonus)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
<i>Total</i>						

By signing this invoice I confirm the above information is correct.

(Signature)

(Date)