



United Somali Women of Maine  
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## *United Somali Women of Maine*

### **Interpreter Order Form**

**Interpreter Order** (completed by agency)

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Contact person \_\_\_\_\_

Agency  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Billing Address \_\_\_\_\_

Meeting Date \_\_\_\_\_ Meeting Time \_\_\_\_\_ Approx. Service  
Time \_\_\_ hrs

Language Needed  
\_\_\_\_\_

Client's name \_\_\_\_\_

Client's address \_\_\_\_\_

Client's phone \_\_\_\_\_

**Note:** 24 hours reminder call will made by United Somali Women