Funded Programs office use only:
Budget Code:_____

TITLE I BILINGUAL INTERPRETER TIME REPORT

Date:_____

PLEASE PRINT:

_____ _____ _____
Last Name First Name Middle Name

_____
Mailing Address City, State, Zip

Telephone Number:_____Social Security Number:_____

Are you a Saint Paul Public School employee? YES _____ NO _____

If yes, position held_____ Place of Employment:_____

Employee No._____

Date(s) of Service	Number of Hours
_____	_____
_____	_____
_____	_____
Total number of hours worked	_____

Pay Calculation: Total number of hours worked multiplied by pay rate = Total pay.

_____ x $17.00/hr = $ _____

School Name:_____

Interpreter Signature:_____

_____ _____
Principal Signature Title I Signature

Date sent to Title I: _____ Date Processed by Title I: _____

Attach the white copy to the Title I Order Form.

Send to: Funded Programs
1021 Marion Street
Saint Paul, MN 55117