EXHIBIT B

ORANGE COUNTY DSS LANGUAGE INTERPRETATION SERVICES CLAIMING SHEET

NAME OF CONTRACTOR:	

SERVICE DATE	SERVICE TIME			SERVICE DESCRIPTION
	START	FINISH	TOTAL HOURS	
TOTAL SERVICE TIME:			0.00	
CONTRACT RATE:			$ 50.00	
SERVICE AMOUNT CHARGED:			$ -	

TRAVEL DATE	ODOMETER MILEAGE			LOCATION/CASE NAME
	START	FINISH	TOTAL MILES	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
			0	
TOTAL MILEAGE:			0	
MILEAGE RATE:			$ 0.58	
MILEAGE AMOUNT CHARGED:			$ -	

SERVICE AMOUNT CHARGED:	$ -
MILEAGE AMOUNT CHARGED:	$ -
INVOICE TOTAL:	$ -

OC DSS SIGNATURE: ______________________________

DATE: ______________