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| **DEPARTMENT OF CHILDREN AND FAMILIES**  Division of Management Service |  |

**LANGUAGE TRANSLATION WORK ORDER REQUEST**

**Buying Agency:** This form should be submitted to the translation vendor with the document that requires translation.

**Translation Vendor:** Please review this completed form before you begin the translation. A completed translation as described in your contract is a translation done by a qualified written translator and then proofed by a qualified translator. Per your contract, both the initial and proofed translations are covered under the price per word indicated below. Please note if vendor fails to meet specified due date, late consequences per contract terms may apply.

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| **To be completed by Buying Agency** | | | |
| Vendor Name | Vendor Contact Name | Vendor Telephone Number  (   )    - |
| Buying Agency Name | Buying Agency Contact Name | Buying Agency Telephone Number  (   )    - |
| Vendor’s Account Number for Buying Agency | State Contract Number | Purchase Order Number |
| Document Name | | Document Number (if applicable) |
| Translation requires specialized terminology  (optional)  Medical  Scientific  Legal  Education  General | Buying State Agency glossary applies  Yes  No  Website address for glossary | Dialect Required  Yes  No  If yes, please identify dialect |
| Additional Text not to be translated (not indicated in Section A, 13.9 of the Translation Contract). | | | |

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| Language | | | | Total word count | | | | Cost per word (under contract) | | | | | Total | | |
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| Language | | | | Total word count | | | | Cost per word (under contract) | | | | | Total |
| Net Total | | | | | | | | | | | | |  |
| Discount Percentage (under contract)      % | | | | | | | | | | | | |  |
| **Grand Total** | | | | | | | | | | | | |  |
| Return completed translation to:  Via  Email to:  Regular Mail to:  Other: | | | | | | Format Return  Microsoft Word  Paper  Other | | | | | | | Due Date | | |
| Vendor Invoice  Email to:        Fax to:  Mail to: | | | | | | | | | | | | | | | |
| **To be completed by Vendor after service has been performed. Vendor should return this form with translation** | | | | | | | | | | | | | | | |
| (     ) certifies that this translation has been completed per contract requirements – Vendor  Signature – Translation Vendor | | | | | | | | | | | | | |
| **This section is to be completed by the Buying Agency** | | | | | | | | | | | | | | | |
| Account Coding and Cost Information – For Buying Agency Use only. (Do not send to vendor. This section is to be completed by the buying agency after translation has been received and submitted along with the request to pay invoice.) | | | | | | | | | | | | | |
| Bureau / Office Name | | | | | | | | | Program name(s) | | | | | | |
| % | | Fund (5) | Appr (5) | Dept (10) | | Account (7) | | Program (5)\* | | Operating Unit (5)\* | Project (15) | | Activity (15) | | |
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| \* These are mandatory fields for DHS facilities and institutes only. | | | | | | | | | | | | | | | |
| **SIGNATURE** – Program Supervisor or Designee | | | | | | | | | | | Date Signed | | | | |
| **SIGNATURE** – Buying Agency Translation Coordinator | | | | | | | | | | | Date Signed | | | | |