



Reference Number:
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## Language Point - Translation Request Form

(Press Tab to move between fields and left click or Spacebar to select options)

Person Making Request			
Date of Request			
Urgent Request	Yes <input type="checkbox"/>	No	<input type="checkbox"/>

### About Your Organisation

Organisation			
Department			
Address			
Telephone Number		Fax Number	
Invoicing Address			
Telephone Number		Fax Number	
Cost Centre		Account Code	
Purchase Order No.		Authorising Name	

### Document

Title of Document	
Word Count	
Required Language(s)	
Required Date of Completion	
Special Requirements	

### Delivery Options

To be Collected by me <input type="checkbox"/>	Post to my Address <input type="checkbox"/>	E-mail to me <input type="checkbox"/>
E-Mail Address		

### To be completed by Language Point

Translator Allocated		Translator's Fee	
Invoice Amount		Invoice Sent	
Notes:	Booked by		
	Date Received from Prof.		
	Date Sent to Translator		
	Date Received from Trans.		
	Date Sent to Prof.		