

Lynda Marie Bryant
d/b/a The Captioning Company
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DATE: _____

Client/Department Name: _____

Consumer Name: _____

Time In: _____ Time Out: _____

Total Hours Worked: _____

Description of Service: _____

I certify that the hours shown above are correct and the services were performed satisfactory.

Signature of Authorized Department Representative

Company Representative

Thank you for using The Captioning Company