



GLOBAL LANGUAGE & STAFFING
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TRANSLATION REQUEST FORM

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Date: _____ Requested by: _____

Phone: _____ Email: _____

Organization: _____ Department: _____

Billing Address: _____

Document Name: _____

Source Language: _____ Target Language: _____

Requested Due Date: _____

Document Type: Letter Flyer Handout Brochure Policy Newsletter
 Form Calendar Survey Handbook Website Other _____

Document Format: Word Power Point Publisher Excel InDesign
(preferred)

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Brief Description of Document/Comments/Special Instructions:
