

WSEMS FACILITATOR INVOICE

(Facilitator Reporting Form and Agreement to Facilitate must be attached in order for invoice to be paid)

Facilitator: _____

Firm Name (if need check made out to firm): _____

WSEMS Case#: _____

FACILITATION PROCESS (\$120/hour; pre/post/session time limited to a total of 4.0 hrs; mileage .51 cents per mile):

PRE AND POST TIME _____(Hours) \$ _____ Total

TRAVEL TIME _____(Hours) \$ _____ Total

IEP MEETING(S) _____ (Hours) \$ _____ Total

_____ Date(s)

INCIDENTALS: Miles _____ x .51 = _____

Other _____ \$ _____ Total

TOTAL \$ _____

___ I certify that these are correct amounts and that the above incidentals do not include alcoholic beverages.

___ If not pre-approved, I submit no more than a combined total of four hours for pre/post,/meeting time.

___ By checking this box and typing my name, I am electronically signing my name the same I would with pen on paper.

Facilitator Signature _____ Date _____

Return to: Gia Pionek, WSEMS Administrator
Wisconsin Special Education Mediation System
PO BOX 70693
Milwaukee, WI 53207
gia@wsems.us

WSEMS Office: CESA 7 Code: 7-27-600-316-221-000-297-273

Date received: _____ ___Facilitator Reporting Form and Agreement to Facilitate Returned

___ By checking this box and typing my name, I am electronically signing my name the same I would with pen on paper. WSEMS Signature _____

Date scanned and emailed to CESA 7 _____ Paid by CESA 7 _____