

WSEMS MEDIATOR INVOICE (MEDIATION)

(Mediator Reporting Form and Agreement to Mediate must be attached in order for invoice to be paid)

Mediator: _____ WSEMS Case #: _____

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

Mediation Process (\$120/hour; mileage .51 cents per mile):

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

TOTAL TRAVEL TIME: _____ (Hours) \$ _____ Total

MEDIATION SESSION(S): _____ (Hours) \$ _____ Total

Date(s): _____

INCIDENTALS: \$ _____ Total

Total Miles: _____ x .51 = _____

Other: _____

TOTAL \$ _____

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

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

Signature of Mediator: _____ Date: _____

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

WSEMS Office:

CESA 7 Code: ?-27-600-316-221-000-297-271

Date received: _____

____ Mediator Reporting Form and Agreement to Mediate Returned

WSEMS Signature: _____

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

Date scanned and emailed to CESA 7: _____

Paid by CESA 7: _____