

WSEMS FACILITATOR INVOICE

(Facilitator Reporting Form and Facilitated IEP Agreement must be attached in order for claim to be paid)

Facilitator _____

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

WSEMS# IEP

FACILITATION PROCESS (\$113/hour; mileage 0.50 cents per mile):

PRE AND POST TIME

_____ (Hours) \$ _____ Total

TRAVEL TIME

_____ (Hours) \$ _____ Total

IEP SESSION(S)

_____ (Hours) \$ _____ Total

_____ DATE(S)

INCIDENTALS

\$ _____ Total

Miles _____ x 0.50= _____

Other _____

TOTAL \$ _____

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

Facilitator Signature _____ Date _____

Return to: **Jane Burns, Intake Coordinator/Administrator**
Wisconsin Special Education Mediation System IEP Facilitation Program
P. O. Box 107
Hartland, WI 53029-0107
(888) 298-3857
(262)-538-1348 (fax)

WSEMS Office:

Date received _____ CESA 7 Code: 0-27-600-316-221-000-297-273

Reporting Forms Received Date Mailed to CESA 7 _____ WSEMS

Signature _____ Paid by CESA 7