

WSEMS MEDIATOR INVOICE (MEDIATION)

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

Mediator _____

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

WSEMS#

MEDIATION PROCESS (\$113/hour; mileage .50 cents per mile):

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

TRAVEL TIME
_____ (Hours) \$ _____ Total

MEDIATION 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.

Signature of Mediator _____ Date _____

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

WSEMS Office:

Date received _____ CESA 7 Code: 0-27-600-316-221-000-297-271

Reporting Forms Received Date Mailed to CESA 7 _____

WSEMS Signature _____ Paid by CESA 7