

WSEMS FACILITATOR INVOICE

(Facilitator Reporting Form and Agreement to Facilitate 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; pre/post/session time limited to a total of 3.0 hrs; mileage 0.555 cents per mile):

PRE AND POST TIME

_____ (Hours)

\$ _____ Total

TRAVEL TIME

_____ (Hours)

\$ _____ Total

IEP SESSION(S)

_____ (Hours)

\$ _____ Total

_____ DATE(S)

INCIDENTALS

\$ _____ Total

Miles _____ x 0.555= _____

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: 2-27-600-316-221-000-297-273

Reporting Forms Received Date Mailed to CESA 7 _____ WSEMS

Signature _____

Paid by CESA 7