

# 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 E 900 316 223390 297

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: \_\_\_\_\_