

**WSEMS FACILITATOR INVOICE**

(Facilitator Reporting Form and Agreement to Facilitate must be attached in order for invoice to be paid)

Facilitator: \_\_\_\_\_

Firm Name (if need check made out to firm): \_\_\_\_\_

WSEMS Case#: \_\_\_\_\_

FACILITATION PROCESS (\$120/hour; pre/post/session time limited to a total of 4.0 hrs; mileage .51 cents per mile):

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

TRAVEL TIME \_\_\_\_\_(Hours) \$ \_\_\_\_\_ Total

IEP MEETING(S) \_\_\_\_\_ (Hours) \$ \_\_\_\_\_ Total

\_\_\_\_\_ Date(s)

INCIDENTALS: Miles \_\_\_\_\_ x .51 = \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_ Total

**TOTAL** \$ \_\_\_\_\_

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

If not pre-approved, I submit no more than a combined total of four hours for pre/post,/meeting time.

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

Facilitator Signature \_\_\_\_\_ Date \_\_\_\_\_

Return to: Gia Pionek, WSEMS Administrator  
Wisconsin Special Education Mediation System  
PO BOX 70693  
Milwaukee, WI 53207  
[gia@wsems.us](mailto:gia@wsems.us)

CESA 7 Code: 27 E 900 316 223390 297

Date received: \_\_\_\_\_  Facilitator Reporting Form & Agreement to Facilitate Returned

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

Date scanned and emailed to CESA 7 \_\_\_\_\_ Paid by CESA 7 \_\_\_\_\_