Invoice for Services Rendered

Please write the date the service for which you are s Name of Hearing Officer:				
In the matter of:				
Pre-Hearing			Date	
Upon acceptance of case - \$100*			2 4.0	
Sufficiency hearing - \$175				
Mediation/Neutral Conference				
• First Day - \$350				
Second Day - \$125				
Hearing		Date		
Pre-Hearing - \$150			- ••••	
Hearing –				
• First Day - \$250				
Second Day - \$250				
Post-Hearing			Date	
Prepare decision - \$250				
Hearing Decision				
Summary Judgment				
Reconsideration - \$250				
Miscellaneous	Date	Details	Payment	
		(mileage, time, other	(Less \$100.00 upon acceptance)	
		information necessary)		
Mileage - \$0.505/mile**			Not Applicable	
Travel time*** - \$30.00/hour, after first 2 hours*				
Training -				
 ½ day (four hours or less) - \$150.00 			Not Applicable	
 Full day - \$300.00 				
OTHER - Describe				
tems not covered in this schedule - From time to time perform a hearing-related task for which no monetary consider reimbursement based on either the per diem payment as it determines is warranted by the situation.	/ reimbursem	nent has been contemplated	d. In those situations, the department will	
If travel involved or an unusual situation arises, this mo	ney will be ap	oplied to the amount before a	ny additional payment is authorized.	
*Only with prior approval from the office of legislation a	nd hearings			
**See explanation for upon acceptance of case – the \$payment for 3 hour round trip will be \$30 not \$90.	\$30.00/hour, a	after the first two hours will N	IOT apply to first 2 hours of travel time – i.e.	
certify that the action completed as indicated performed.	by the date	written in the box is a	true and accurate record of the work	
 Signature		<u> </u>		
		Date		