

Labor Law Clinic Office

Wisconsin Department of Workforce Development

INVOICE/Labor Law Clinic

Location of clinic (city) _____ Date of clinic _____

This is your invoice for the Labor Law Clinic you co-sponsored. Please complete and submit it with your payment to DWD Unemployment Insurance-LLC within 45 days after the Clinic date, or the previously agreed-upon submission date if different.

1.	No. of registrations received and not refunded (include no shows; exclude DWD staff). (Enter answer to right)	
2.	Multiply line 1 by \$27 and enter the result to the right	
3.	Deductions (optional) List below any deductions and amounts for meals (your actual costs only) of the DWD Labor Law Clinic speakers and DWD-provided Master of Ceremonies, and any other expenses (with amounts) mutually-agreed upon in advance (if any). Do NOT include meals of others, such as DWD local office staff; bill those directly to the individuals involved or to the local office, as confirmed in advance with the local office manager. List total of all deductions (only) in column on the right.	
4.	Subtract line 3 from line 2 and enter result to right	

Attach check made out to **Unemployment Insurance- LLC** in the amount shown in line 4 to this report and mail to: Yvonne Hagen, DWD – UI Division, P.O. Box 7905, Madison, WI 53707.

Signed _____ Date _____