

Impartial Hearing Officer Invoice - Nonstate Employee

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

For (Activity/Appellant Name – if applicable)		Date(s) of Activity	
INCOME			
2740	IMPARTIAL HEARING	\$1,000.00	
2740	ANNUAL RETAINER FEE	\$500.00	
2740	TRAINING (Minimum of 4 hours) @ \$25 X ____ Hour(s) =		
2740	TRAVEL TIME (For actual "behind the wheel" time in excess of 30 minutes) @ \$25 X ____ Hour(s) =		
TOTAL - Income			\$
EXPENSES			
2160	PARKING *		\$
2160	POSTAGE *		\$
2160	TELEPHONE *		\$
	OTHER * (Please Itemize)		\$
TOTAL - Expenses			\$
TOTAL – Income + Expenses			\$
Hearing Officer Name (Please Print)			
Hearing Officer Signature		Date Signed	

Please return completed form to: DVR Hearing Coordinator
 PO Box 7852
 Madison, WI 53707-7852