

MEDIATOR SERVICES INVOICE

Name of Mediator: _____

Vendor No.: _____

Cheque Payable To: _____

Mailing Address _____ Mail Cheque To (If Different) _____

Services Performed: MEDIATION

Client's Name(s)/Case #: _____

Location of Mediation: _____

<u>Year</u>	<u>Month</u>	<u>Day</u>	<u>Start Time</u>	<u>End Time</u>	<u># of Hour(s)</u>
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Claim: No. _____ Hours @ \$80 / hour

Total \$

I, _____ HEREBY ACKNOWLEDGE AND AGREE THAT ALTHOUGH I AM CLAIMING REMUNERATION FOR MEDIATION SERVICES, I AM NOT AN EMPLOYEE OF THE CLIENT, BUT HAVE PROVIDED THE SERVICES AS AN INDEPENDENT CONTRACTOR.

Signature of Mediator _____ Date _____

Additional Notes: