

STATE OF IOWA
PUBLIC EMPLOYMENT RELATIONS BOARD
STATEMENT OF SERVICES

MEDIATOR _____

ADDRESS _____

CITY & STATE _____

BU # _____ SECTOR # _____

MEETING: _____ MEDIATION RESULT (CHECK ONE):

DATE _____ SETTLED

EMPLOYER _____ NOT SETTLED

REPRESENTED BY _____ MEDIATION START TIME _____

CEO _____ MEDIATION ENDING _____

REPRESENTED BY _____

COMMENTS

BILLING INFORMATION:

CHARGED MEDIATION TIME _____ RATE _____ / HOUR (MAX 5 HRS) DOLLAR AMOUNT _____

PREPARATION TIME (1/2 HR. MAX; In addition to 5 hr MAX) _____ DOLLAR AMOUNT _____

EXPLAIN: _____

TOTAL MILEAGE _____ AT 39 CENTS PER MILE DOLLAR AMOUNT _____

		<u>ALLOWABLE CHARGE</u>
MEALS (ENTER ACTUAL AMOUNT)	BREAKFAST _____	\$5.00
	LUNCH _____	\$8.00
	DINNER _____	\$15.00

TOTAL MEALS ALLOWABLE AMOUNT _____

LODGING (MOTEL RECEIPT REQUIRED) -----DOLLAR AMOUNT _____

MISC. EXPENSES (PHONE, PARKING, COPYING, ETC.) -----DOLLAR AMOUNT _____
(ORIGINAL TELEPHONE BILL AND OTHER RECEIPTS REQUIRED)

TOTAL COST TIME AND EXPENSES -----DOLLAR AMOUNT _____

SIGNATURE _____

DATE SUBMITTED _____