

PAYMENT FOR SERVICES AS A HEARING OFFICER

Name: _____

Your SSN or EIN: _____

Address: _____

School System: _____

Employee's Name: _____

Charges:

Hearing Dates: _____

Mileage: _____ miles @ \$.55/mile

Travel Time: _____ hours @ \$75/hour

State Rates Eff. July 1, 2015

Hearing Time: _____ hours @ 150/hour

>Breakfast: \$8.30

Meals: _____

>Lunch \$10.90

Lodging: _____

>Dinner \$18.70

Postage: _____

>Hotel \$67.30

Telephone: _____

(plus tax) \$ _____

Other: (Specify)

TOTAL

\$ _____

Date: _____

Signature of Hearing Officer