

**Mediator/Referee Information**

**INVOICE**

Vendor ID:

*\* This information can be located at [http://dawn.state.nv.us:7777/pls/prodsw/vendor\\_detail\\_input](http://dawn.state.nv.us:7777/pls/prodsw/vendor_detail_input) (copy and paste into web browser)*

Name:

Address:

City, State, Zip:

Phone number:

Fax number:

Email address:

***THE DIVISION REQUESTS THAT THIS FORM BE TYPED FOR ACCURACY. IF UNABLE TO TYPE PLEASE PRINT CLEARLY IN BLUE OR BLACK INK.***

**TO** State of Nevada  
 Real Estate Division  
 Common-Interest Communities and Condominium Hotels Program  
 3300 W. Sahara Ave., Suite 350  
 Las Vegas, Nevada 89102  
 (702) 486-4480

Mediator/Referee Invoice #:

INVOICED DATE	CASE NUMBER	NAME OF CLAIMANT	NAME OF RESPONDENT

DESCRIPTION	RATE	AMOUNT
<b>INVOICING FOR SERVICES MUST BE ITEMIZED BY: DATE AND MEDIATION/REFeree HEARING TIMES</b>		
<b>TOTAL</b>		