

State of Nevada/Department of Business and Industry/Real Estate Division  
 Common-Interest Communities and Condominium Hotels Program  
 3300 W. Sahara Ave., Suite 350 / Las Vegas. NV 89102

Email: [CICOmbudsman@red.nv.gov](mailto:CICOmbudsman@red.nv.gov)  
<http://red.nv.gov>  
 (702) 486-4480; Fax (702) 486-4520

# INVOICE

## Mediator/Referee Information

Vendor ID:

Note: 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 Code:

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 Avenue, Suite 350  
 Las Vegas, Nevada 89102  
 (702) 486-4480

Mediator/Referee Invoice #

INVOICED DATE	CLAIM NUMBER	NAME OF CLAIMANT	NAME OF RESPONDENT

DESCRIPTION INVOICING FOR SERVICES MUST BE ITEMIZED BY: DATE AND MEDIATION/REFEREE HEARING TIMES	RATE	AMOUNT
Mediation/Referee Hearing date held:		
Mediation/Referee Hearing date closed:		
Claimant*:		
Respondent*:		

*\*Please indicate the party approved for subsidy by placing \$250.00 in the corresponding line item.*

Date	Qty (Time) 30-Minute Increments	Description	Contracted Amount	Billable Amount

Reduce billing to agree with contract:

Total:

### KEY FOR SUBSIDY INVOICE:

Qty (Time) 30-Minute Increments	Amount
1 – 30 minutes	\$83.50
2 – 60 minutes	\$167.00
3 – 90 minutes	\$250.50
4 – 120 minutes	\$334.00
4 – 2 hours	\$334.00
6 – 3 hours	\$501.00