

Florida Agricultural Mediation Service

Name: _____

SSN or FEIN: _____

Mediator Number: _____

Address: _____

Phone: _____ Cell Phone: _____

Fax: _____

E-Mail: _____

I understand that when I provide mediation services for Florida Agricultural Mediation Service I will be paid fifty dollars per hour for mediation time and twenty-five dollars per hour for preparation time. Mediations will be assigned by the Program Manager. I will set a time and place for the mediation that is agreeable to the parties. Upon completion, I will invoice the Florida Agricultural mediation Service for the amount due me. I will attach a detailed account of my preparation time to the invoice when I submit the invoice. I understand that invoices are subject to audit.

I understand that I may do other agricultural mediations that are not part of the grant supported mediation program. I will not be paid by Florida Agricultural Mediation Service for such mediations.

(Signature)

(Date)