

AD HOC GRIEVANCE ARBITRATOR'S FEE AND EXPENSE REPORT	
Arbitrator Name	
A/P No.	
Employer Name	
Employer Address	
Labor Organization Name	
Labor Organization Address	
Date(s) of Hearing	
Location(s) of Hearing	
Was Case Resolved:	
<input type="checkbox"/> Prior to Hearing	
<input type="checkbox"/> During Hearing	
Was a Transcript Taken?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If Yes, Date Transcript Received	
Were Briefs Filed?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
If Yes, Date Last Brief Was Received	
Was There Any Waiver by Parties on the Date the Award Was Due?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> No Contractual Requirement	
Date of Award	
Fees	
Daily Per Diem Fee	
Travel	
Expenses	
Award Preparation	
Total Fees	
Amount Payable by Employer	
Amount Payable by Labor Organization	
Date of This Report	
Signature	
<p>PLEASE ATTACH A COPY OF THE AWARD TO THIS FEE AND EXPENSE REPORT, IF ANY, AND MAIL, FAX OR E-MAIL TO THE WISCONSIN EMPLOYMENT RELATIONS COMMISSION, 4868 HIGH CROSSING BOULEVARD, MADISON, WI 53704-7403, FAX: 608-243-2433, EMAIL: WERC@WERC.STATE.WI.US. PLEASE BE ADVISED THAT YOUR AWARD BECOMES A MATTER OF PUBLIC RECORD UPON RECEIPT BY THE COMMISSION.</p>	