

**AD HOC MUNICIPAL INTEREST ARBITRATOR'S FEE AND EXPENSE REPORT**  
**(Law Enforcement and Firefighting Personnel)**  
(Pursuant to § 111.77, Stats.)

<b>Arbitrator Name</b>	
<b>MIA No.</b>	
<b>Employer Name</b>	
<b>Employer Address</b>	
<b>Labor Organization Name</b>	
<b>Labor Organization Address</b>	
<b>Date of Order Appointing Single Arbitrator</b>	
<b>Date of Order Appointing Arbitrator Panel</b>	
<b>Date(s) of Hearing</b>	
<b>Location(s) of Hearing</b>	
<b>Was Case Resolved:</b>	
<input type="checkbox"/> Prior to Hearing <input type="checkbox"/> During Hearing	
<b>Was a Transcript Taken?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If Yes, Date Transcript Received</b>	
<b>Were Briefs Filed?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If Yes, Date Last Brief Was Received</b>	
<b>Offer Selected:</b>	
<input type="checkbox"/> Employer <input type="checkbox"/> Labor Organization	
<b>Date of Award</b>	
<b>Fees</b>	
<b>Daily Per Diem Fee</b>	
<b>Travel</b>	
<b>Expenses</b>	
<b>Award Preparation</b>	
<b>Total Fees</b>	
<b>Amount Payable by Employer</b>	
<b>Amount Payable by Labor Organization</b>	
<b>Date of This Report</b>	
<b>Signature</b>	

INTEREST AWARDS SHALL BE EMAILED IMMEDIATELY UPON ISSUANCE TO THE COMMISSION. PLEASE ATTACH A COPY OF THE AWARD TO THIS FEE AND EXPENSE REPORT, IF ANY, AND MAIL, FAX, OR EMAIL TO THE WISCONSIN EMPLOYMENT RELATIONS COMMISSION, 4868 HIGH CROSSING BOULEVARD, MADISON 53704-7403, FAX: 608-243-2433, E-MAIL: [WERC@WERC.STATE.WI.US](mailto:WERC@WERC.STATE.WI.US)