

AD HOC INTEREST ARBITRATOR'S FEE AND EXPENSE REPORT
 (Pursuant to § 111.70(4)(cg), Stats.)

Arbitrator Name	
INT/ARB No.	
Employer Name	
Employer Address	
Labor Organization Name	
Labor Organization Address	
Date of Order Appointing Single Arbitrator	
Date of Order Appointing Arbitrator Panel	
Date(s) of Public Hearing Pursuant to Citizen Petition	
Date(s) of Mediation	
Location of Mediation	
Resolved in Mediation?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
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	
Offer Selected	
<input type="checkbox"/> Employer	
<input type="checkbox"/> Labor Organization	
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	

INTEREST AWARDS SHALL BE E-MAILED 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, WI 53704-7403, FAX: 608-243-2433, EMAIL: WERC@WERC.STATE.WI.US