

REPORT AND FEE STATEMENT OF ARBITRATOR

Arbitrator: _____ INT/ARB No. _____

Employer Name _____ Employer Address _____

Union Name _____ Union Address _____

Date of Order Appointing: Single Arbitrator ____ Panel ____

Dates of Public Hearing Pursuant to Citizen Petition: _____

Dates of Mediation, if any, by Arbitrator: _____

Resolved in Mediation: Yes ____ No ____

Dates of Hearing: _____ City: _____

Was Transcript Taken: Yes ____ No ____ Number of Pages: _____ Date Rec'd _____

Were Briefs Filed: Yes ____ No ____ If Yes, Last Brief Rec'd: _____

Date of Award: _____ Offer Selected: Employer's _____ Union's _____

Fees:

No. of Days: $\frac{\text{Hearing}}{\text{Hearing}} + \frac{\text{Travel}}{\text{Travel}} \times \frac{\text{Per Diem Rate}}{\text{Per Diem Rate}} = \frac{\text{Total}}{\text{Total}}$

Preparation of Award: $\frac{\text{Days}}{\text{Days}} \times \frac{\text{Per Diem Rate}}{\text{Per Diem Rate}} = \frac{\text{Total}}{\text{Total}}$

Total

Expenses: $\frac{\text{Transportation}}{\text{Transportation}} + \frac{\text{Other}}{\text{Other}} = \frac{\text{Total}}{\text{Total}}$

Total Charges

Amount Payable by Employer _____ Amount Payable by Union _____

Date of this Report _____

Signature/facsimile: _____

OPTIONAL INFORMATION:

SOC. SEC. # _____ - _____ - _____

(For IRS Report Requirements)

PLEASE ATTACH COPY OF AWARD, IF ANY, TO THIS REPORT, AND MAIL, FAX OR E-MAIL TO WISCONSIN EMPLOYMENT RELATIONS COMMISSION, P.O. BOX 7870, MADISON, WISCONSIN 53707-7870, FAX: (608) 266-6930, E-MAIL: WERC@WERC.STATE.WI.US. Interest awards shall be transmitted immediately upon issuance to the commission in electronic form either by diskette or e-mail.