

**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.