

**UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

ARBITRATOR'S CLAIM FOR COMPENSATION

CASE NO.: _____ HEARING DATE(S): _____

CASE CAPTION: _____

COMPENSATION RATE: _____ SINGLE ARBITRATOR - \$250.00 PER DAY
_____ PANEL ARBITRATOR - \$100.00 PER DAY

APPLICABLE RATE _____ FOR _____ HEARING DAY(S).

ARBITRATOR COMPENSATION \$ _____

TRAVEL AND OTHER EXPENSES

1. Number of miles _____ at _____ per mile \$ _____
(Calculate mileage from residence/office to hearing location and return;
For current mileage reimbursement rate, go to www.gsa.gov and search
"mileage reimbursement")
2. Meals (Attach receipts) \$ _____
3. Lodging expenses (Attach receipts) \$ _____
4. Miscellaneous expenses (i.e. Parking, etc.; Attach receipts) \$ _____

TOTAL ARBITRATOR COMPENSATION \$ _____

ARBITRATOR'S NAME (Please Print)

SOCIAL SECURITY OR TAX ID NO.

ADDRESS

CITY STATE

SIGNATURE

Approved for payment by:

Deputy Clerk

Date of Approval