SUPERIOR COURT OF WASHINGTON

COUNTY OF GRAYS HARBOR

PLAINTIFF,

vs.

DEFENDANT

ARBITRATOR'S REQUEST FOR COMPENSATION

NO.

☐ This case was resolved by settlement. The arbitration settlement and order of removal from the trial calendar have been filed with the clerk of the court.

☐ This case was resolved by award. The arbitration award has been filed with the clerk of the court.

The following dates and times were devoted by the Arbitrator to this case:

Date	Number of hours	Purpose
	TOTAL	
Please send completed forms to Arbitration Department		

Arbitrator's signature on this form certifies that she/he was duly appointed and served on this case for the dates and times stated above.

_____ _____

Signature Date Signed

FOR OFFICE USE ONLY	
Charge to County	TOTAL
Charge to State	
Payment Approved By: ---------- Signature, Director of Arbitration	

Make check payable to:

Name of firm

Arbitrator's name (typed)

Mailing address

City, State, Postal Code

Social Security or Tax Identification Number

(Used for reporting compensation to Internal Revenue Service)

Attorney at Law ☐ Retired Judge ☐

FOR STATE USE ONLY

Doc Date	Date Payment Due	Current Doc No.	Ref Doc No.	Vender No.	Vendor Message

Ref Doc Suf	Trans Code	M O D	Fund	Appn Index	Program Index	Sub-Obj	Sub-sub-Object	Org Index	Alloc	Budget Unit	Mos	Project	Sub-Project	Project Phase	Amount	Invoice Number