ARBITRATION BILLING STATEMENT

ARBITRATOR INFORMATION

Arbitrator Name:

Address:

City, State, Zip:

Phone:

Email:

STATEMENT DETAILS

Invoice Number:

Invoice Date:

Due Date:

Billing Period:

Payment Terms:

BILLED TO (PARTY / COUNSEL)

Representative:

Firm/Company:

Party Represented:

Address:

City, State, Zip:

Email/Phone:

Arbitration Forum / Org:
Case Number:
Case Caption / Name:
Billing Allocation %:

PROFESSIONAL SERVICES RENDERED

DATE	DESCRIPTION OF ARBITRATION ACTIVITY / SERVICES	HOURS / UNITS	RATE ($)	TOTAL ($)

REIMBURSABLE EXPENSES

DATE	DESCRIPTION OF EXPENSE (TRAVEL, LODGING, ROOM RENTAL, ETC.)	AMOUNT ($)

Total Service Fees	
Total Expenses	
Gross Amount Billed	
Party Share Allocation	
Less: Deposit/Retainer Applied	
Net Amount Due	

PAYMENT INSTRUCTIONS / REMITTANCE DETAILS

Make Payable To:

Bank Name:

Routing Number:

Account Number:

Arbitrator Signature

Date