SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE

ARBITRATOR'S REQUEST FOR COMPENSATION

PLAINTIFF: _____

vs.

DEFENDANT: _____

CASE NO. _____

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

The Arbitrator to this case devoted the following dates/time:

Date	Hours	Purpose
TOTAL HOURS		(If additional spaces are needed please use page two)
Send completed forms to Arbitration Department, W. 1116 Broadway, Spokane, WA 99260-0350		

The undersigned certifies that she/he was duly appointed and served as an arbitrator in this case for the dates/time stated above.

FOR OFFICE USE ONLY			Make Check Payable To: Name or Firm: _____
Charge to County:	$	TOTAL	Signature:
Charge to State:	$	$	Typed Name:
Payment Approved by: _____ Director of Arbitration Date			Address: City: Zip:
			Social Security or Tax Identification No.:_____ (Number used for reporting compensation to IRS)

ATTORNEY AT LAW ☐ RETIRED JUDGE ☐

FOR STATE USE ONLY					
Doc. Date	Payment Due Date	Current Doc No.	Ref. Doc. No	Vendor No.	Vendor Message

Ref Doc Suf	Trans Code	M O D	Fund	Appn Index	Program Index	Sub Obj	Sub Sub Obj	Org Index	Alloc	Budget Unit	Mos	Project	Sub Proj	Proj Phas	Amount	Invoice Number

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PAGE TWO

The Arbitrator to this case devoted the following dates/time:

Date	Hours	Purpose
HOURS PG 2		
HOURS PG 1		
TOTAL HOURS		

Attach this page to Arbitrator's Request For Compensation form.