SUPERIOR COURT OF WASHINGTON

COUNTY OF SNOHOMISH .

ARBITRATOR'S REQUEST FOR COMPENSATION

Plaintiff,

vs.

Defendant

Cause 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.

☐ Other.

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

Date	Hours	Purpose
Send Completed Forms to Arbitration Department		

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

Make Check Payable To:

Name or Firm: _____

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

Signature

Typed Name

Address City Zip

Tax Identification No.

ATTORNEY AT LAW ☐ RETIRED JUDGE ☐

FOR STATE USE ONLY

Doc Date	Payment Due Date	Current Doc No.	Ret. Doc. No.	Vendor No.	Vendor Message		

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