

Arbitrator Expense Report

FIIIId 🕅		All Amounts Entered in US Dollars					Budgeting purpose only (FINRA staff use only)							
		Arbitrator Name Arb. ID:					Dept Name			Dept #		T&E #		0
		Mailing Address					Location Proj / Life			roj / Life Cycle:	/ Life Cycle:		Overall Business Purpose:	
City, State, Postal Code							* See below for			r Multiple Distributions				
Date		Transportat	ion	Mileage			Lodging Meals			Telephone Expense			Misc.	Total
	Airfare / Rail	Car Rental	Taxi/Metro Local Trans/Parking/Tolls	Rate	Miles Driven	Mileage Expense	Room & Tax Only	Breakfast	Lunch	Dinner			Expense	
				0.670		-								-
				0.670		-								-
				0.670		-								-
				0.670		-								-
				0.670		-								-
Sub-Total Total	-	-	-		-	-	-	-	-	-	-		-	-
GL Code	SC237/SC242	SC239	SC244		[SC251	SC107	SC120	Total Meals	-	SC232		SC-165	
				EXPLANA	TION OF ME	ALS & MISCELLANEOUS EX							SC-165	
DATE	PLACE			BUSINESS PURPOSE							AMOUNT			
													DUE ARBITRATOR:	-
	ļ												Arbitrator Checklist	
													State specific business	purpose
												Attach documentation of approval if necessary.	of prior	
													Send original with receit expenses of \$25 and ab	ove to:
													FINRA Dispute Resolu	ition
* Use this sec	tion to charge mul	tiple Departments, Loc	ations, Projects and Life Cy	cle (FINRA staff us	se only)									
AMOUNT	ACCOUNT #	DEPT. #	LOCATION	PROJECT	LIFE CYCLE	Arbitrator Signature:	certify that t	he above inf	ormation is o	complete and t	rue and in compliance	e with F	INRA policy	
						Arbitrator Signature.							Date:	
						Approver's Name:								
						Approved by:							Deter	
													Date:	
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SEE INSTRUCTIONS TO COMPLETE THIS FORM