

Dispute Resolution Services Mediation Program

Contract Mediator Payment Form

FINRA Dispute Resolution Services will process your non-employee mediator payment upon completion and return of this form. Please remember to itemize your expenses in the section below. Any missing information will delay processing your payment. Thank you.

FINRA Case Name:			Case Number:		
Mediator Name:			Mediation Date:		
How was the mediation conducted (circle):		□In-person			
Session Fee					
Mediator Rate	□Flat Rate: \$		_ □Hourly Rate: \$	<u> </u>	
Number of Hours	If hourly, number of hours spent mediating, <i>including study time</i> : hours				
Status of Case	□Settled □]Impasse □N	ot Yet Determined		
Mediator Session Fee Allocation		check): □Responde	ent(s) □Claimant	()	
Mediation Filing Fee Allocation	□No change to the second s	he filing fee previou to (check): □Respo	sly assessed		
Mediation Expenses Allocation (<i>if applicable</i>)	□Re-allocate all		ondent(s) □Claim	on session fee (Default) ant(s) □Other:	

Comments:

Expenses				
Reminder: Please provide a receipt — with this form — for any single expense over \$75.00				
	Amount	Receipt Attached		
Airline Ticket				
Hotel				
Meals				
Number of Miles @67 cents per mile		Receipt not required		
Other Ground Travel, Conference Room Space, Telephone, Fax, Overnight Mail				
Miscellaneous Expense(s)				
TOTAL EXPENSES				
Return to:				

Narielle Robinson or Mara Weinstein, National Mediation Administrators Phone: 561-447-4927(NR) or 212-858-4384 (MW) Email: <u>Narielle.Robinson@finra.org</u> or <u>Mara.Weinstein@finra.org</u>