

Contract Mediator Payment Form

FINRA Dispute Resolution 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.

Mediator Name: _____ Date: _____

FINRA Case Name: _____ FINRA Case Number: _____

Session Fee	
Mediator Rate	<input type="checkbox"/> Flat Rate: \$ _____ <input type="checkbox"/> Hourly Rate: \$ _____
Number of Hours	If hourly, number of hours spent mediating, including study time : _____ hours
Status of Case	<input type="checkbox"/> Settled <input type="checkbox"/> Impassed <input type="checkbox"/> Not Yet Determined
Mediator Session Fee Allocation	As a result of the mediation, did the parties reach a different agreement on the division of the mediator session fee and expenses? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please advise in the comment section below how fees should be allocated.

Comments:

Expenses

Reminder: please provide a receipt — with this form — for any single expense over \$75.00

	Amount	Receipt Attached
Airline Ticket	_____	<input type="checkbox"/>
Hotel	_____	<input type="checkbox"/>
Meals	_____	<input type="checkbox"/>
Number of miles = _____ @ 57.5 cents per mile	_____	Receipt not required
Other Ground Travel	_____	<input type="checkbox"/>
Conference Room Space	_____	<input type="checkbox"/>
Telephone, Fax, Overnight Mail	_____	<input type="checkbox"/>
Miscellaneous Expense _____	_____	<input type="checkbox"/>
TOTAL EXPENSES	_____	

Return To:

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