

ARBITRATOR'S BILL

This bill is submitted on behalf of the arbitrator.
Please make your check payable to, and mail directly to the arbitrator.

Arbitrator Gary D. Altman Case Number 01-21-0006-5510
Address 91 Coolidge Street Number of Grievances: _____
Brookline, MA 02446-5805 Grievance No. _____

UNION



EMPLOYER

City of Somerville

ARBITRATOR'S COMPENSATION

Number of hearing days: 1 @ \$2,200.00 = \$ 2,200.00

Hearing dates: 2/11/22

Study/Preparation Days 2.5 @ \$2,200.00 = \$ 5,500.00

Fee \$ 7,700.00

ARBITRATOR'S EXPENSES

Mileage and Parking \$

Hotel \$

Meals \$


Other (specify) \$

Expenses \$

TOTAL \$ 7,700.00

PAYABLE BY THE EMPLOYER \$ 3,850.00

PAYABLE BY THE UNION \$ 5,850.00

Arbitrator's Signature  Date 5/16/2022
