

## 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	<u>Gary D. Altman</u>	Case Number <u>01-23-0003-9267</u>
Address	<u>91 Coolidge Street</u>	Number of Grievances: <u>          </u>
	<u>Brookline, MA 02446-5805</u>	Grievance No. <u>          </u>

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UNION

EMPLOYER

**City of Somerville**

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### ARBITRATOR'S COMPENSATION

Number of hearing days: 1/2 @ \$2,400.00 = \$ 1,200.00

Hearing dates: 2/11/22

Study/Preparation Days 2.5 @ \$2,400.00 = \$ 6,000.00

Fee \$ 7,200.00

### ARBITRATOR'S EXPENSES

Mileage and Parking \$

Hotel \$

Meals \$

Other (specify) \$

Expenses \$

TOTAL \$ 7,200.00

PAYABLE BY THE EMPLOYER \$ 3,600.00

PAYABLE BY THE UNION \$ 3,600.00

Arbitrator's Signature  Date 9/23/2024

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