

Arbitrator’s Budget Worksheet

|  |  |
| --- | --- |
| Arbitrator’s Name |  |
| Claim Number |  |

**Projected Fees**

Please indicate the *maximum* number of hours or days you expect each task to require based on the information currently available. If you overestimate, AHLA will return unused funds to the parties.

|  |  |  |
| --- | --- | --- |
| Task | Date(s)/ Due Date | Estimated Time |
|  | Hours | Days |
| Issue scheduling order |  |  |  |
| Issue order on confidentiality |  |  |  |
| Rule on discovery motions |  |  |  |
| Rule on dispositive motions  |  |  |  |
| Issue subpoenas |  |  |  |
| Rule on pre-hearing motions |  |  |  |
| Review pre-hearing briefs |  |  |  |
| Review witness lists and check for conflicts |  |  |  |
| Review exhibit lists and exhibits |  |  |  |
| Travel to and from the hearing |  |  |  |
| Conduct the hearing |  |  |  |
| Draft and finalize the award |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Projected Expenses**

|  |  |  |
| --- | --- | --- |
| Airfare | From: | To: |
| Ground Transportation | From: | To: |
| Ground Transportation | From: | To: |
| Mileage | From: | To: |
| Hotel | No. of Nights: |  |
| Breakfast | No. of Days: |
| Lunch | No. of Days: |
| Dinner | No. of Nights: |
| Room rental | No. of Days: |
| Photocopying | No. of Pages: |
|  |  |
|  |  |
|  |  |