



ACT 195 INTEREST ARBITRATION INVOICE

VENDOR INFORMATION

LOCATION CODE: 12PLRB

Name			Vendor ID
Address			Invoice Number
City	State	Zip	Telephone
Signature			Date

CASE INFORMATION

Case Number	
Employer	
Employee Organization	

SERVICES PROVIDED

Hearing date(s):	
Number of days: _____	\$ _____
Preparation, research, writing date(s):	
Number of days: _____	\$ _____

EXPENSES

Mileage: _____ miles @ \$ _____/mile	\$ _____
Parking and tolls	\$ _____
Lodging	\$ _____
Subsistence	\$ _____
Postage/Mailing	\$ _____
Miscellaneous (please explain):	\$ _____

TOTAL: \$ _____

PLEASE SEND YOUR INVOICE TO THIS ADDRESS:
 Pennsylvania Labor Relations Board
 12PLRB
 PO Box 69181
 Harrisburg, PA 17106