STATE OF NORTH CAROLINA		File No.			
	In The General Court Of Justice District Court Division				
Name Of Plaintiff(s)					
		ARBITRATION			
VER	SUS	_	_		
Name Of Defendant(s)		APPLICATION AND ORDER FOR PAYMENT TO ARBITRATOR			
	APPL	ICATION			
, ,	Rules For Court-Ordered Arbi mbursement for travel expense			e undersigned arbitrator, apply for s.	
An arbitration hearing					
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	vas made in the above-entitled	I case.			
	itrator named above was chos in a completed hearing or an		ove-entitled case	; however, the arbitration	
Date		Signature Of Arbitrator			
Taxpayer ID No. (Social Security No.)		Name And Address Of Arbitrator			
raspayor is no. (Goodin occurry no.)		Name yilli yada oo oo oo yaabaada			
	OF	RDER			
The Court ORDERS that the	e arbitrator named above be pa	aid as follows	:		
Fee (\$100 if award made; reasonable fee not to exceed \$100 if not.)\$					
Travel (In-State @ State Ra	······ \$	\$ NOTE: This payment will be reported annually to IRS for income tax			
Total Amount			purposes, if applicable.		
Date Name Of Jud	Signatu	ure Of Judge			
	FOR USE BY AOC FINAN	ICIAL SERV	ICES DIVISION		
COMPANY	ACCOUNT		CENTER	AMOUNT	
Date		Approval For Pa	ayment Signature		

INSTRUCTIONS: Arbitrator prepares in duplicate for judge's signature. Clerk of Superior Court files the original and mails certified copy to the Administrative Office of the Courts, Attn: **Financial Services Division**, P.O. Box 2448, Raleigh, NC 27602, OR sends by State Courier Service.