



## Claim for Fees and Expenses

Type of engagement: **Individual** **Firm**

Name	Firm Name (if applicable)
Case Name	ICSID Case Number

### Period Covered by this Claim:

Start Date - Month Day Year	End Date - Month Day Year
-----------------------------	---------------------------

### Section I: Fees

(1) Fees for each hour of work performed in connection with the proceeding (excluding hours in (2) below). Attach a detailed itemized breakdown of the work performed.

Number of Hours	Hourly Rate	Total
	US\$	US\$

(2) Fees for each hour spent participating in hearings, sessions or meetings.

#### Dates of Meetings

Number of Hours	Hourly Rate	Total
	US\$	US\$

(3) Fees for each hour spent traveling to and from the location of the hearing, session or meeting (if hearing, session or meeting was held away from city of residence).

(a) Number of Hours (no work performed during travel)	Hourly Rate	Total
	US\$	US\$
(b) Number of Hours (work performed during travel)	Hourly Rate	Total
	US\$	US\$
<b>Total Section I</b>		<b>US\$</b>

### Section II: Itinerary and Transportation Expenses

Please submit all travel receipts and proof of travel for items listed in this section.

City	Arrival Date	Departure Date	Cost	Currency	Exchange Rate (currency/US\$)	Amount in US\$
	Month Day Year	Month Day Year				
<b>Total Section II</b>						<b>US\$</b>

Click here to confirm that all travel arrangements were made in the most economic manner possible.

### Section III: *Per Diem* and Other Expenses

(1) *Per Diem*

<b>(a) Number of days requiring overnight lodging</b>	<i>Per Diem</i> Rate US\$	Total US\$
<b>(b) Number of days not requiring overnight lodging</b> (e.g., day trips, one-day hearings, departure day)	<i>Per Diem</i> Rate US\$	Total US\$
		<b>Total <i>Per Diem</i> (1a)+(1b)</b> US\$

(2) In and out transportation and other expenses (please provide receipts for (a) and (b) below)

<b>(a) Transportation to and from points of departure and arrival (to and from airport):</b>				
Expense Item	Cost	Currency	Exchange Rate (currency/US\$)	Amount in US\$
<b>Total In and Out Transportation (2)(a)</b>				US\$

<b>(b) Other expenses (e.g., courier, shredding):</b>				
Expense Item	Cost	Currency	Exchange Rate (currency/US\$)	Amount in US\$
<b>Total Other Expenses (2)(b)</b>				US\$
<b>Total Section III</b>				US\$

Explanation for any items in (2) above which are not self explanatory

### Section IV: Summary

Payment will be made by wire transfer to your account on record with ICSID. If your bank details have changed, please contact the ICSID Finance Team by email to [icsidpayments@worldbank.org](mailto:icsidpayments@worldbank.org) before submitting this claim.

I hereby certify that the statement herein set forth reflects the time and expenses incurred in connection with the proceeding and that I have not received and will not claim reimbursement from any other source.

Section I	US\$
Section II	US\$
Section III	US\$
<b>Total Fees and Expenses</b>	US\$

Signature \_\_\_\_\_

Date \_\_\_\_\_