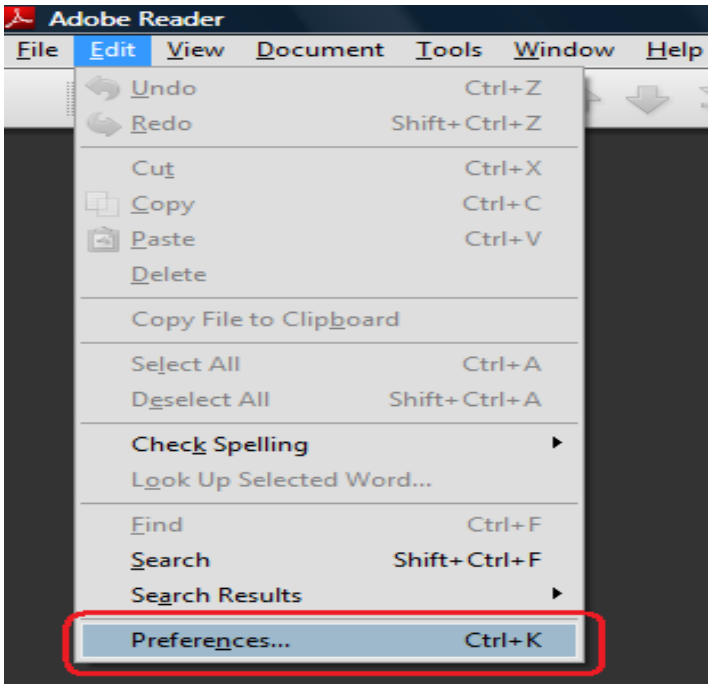
GENERAL INSTRUCTIONS TO COMPLETE THE

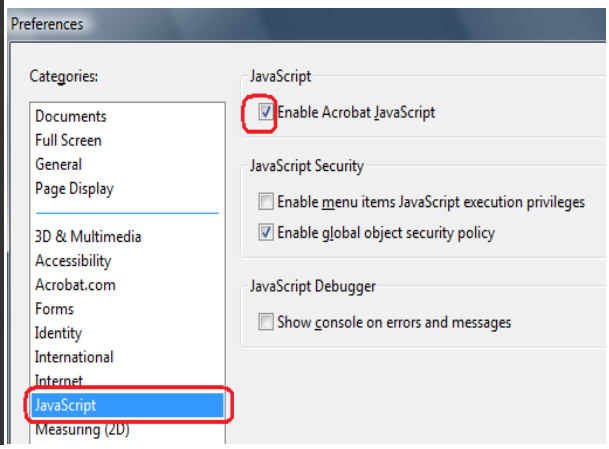
CLAIM FOR FEES AND EXPENSE FORM

The general guidelines to fill out the Claim Forms are explained in detail in the Memorandum on the Fees and Expenses of ICSID Arbitrators (the "Memorandum of Fees") which can be downloaded from our website: http://www.worldbank.org/icsid/pubs/memorandum/memorandum.htm

Please note that you will need to use Internet Explorer for the form to launch properly. You may also download the form by right-clicking on the link to the form that is available on the ICSID website and then selecting "Save link as. . ."

Attention Adobe Acrobat Reader Users: Before using this form for the first time, you must enable the Acrobat JavaScript feature using the checkbox under Preferences:





Form of Engagement - **Individual** or **firm**: Indicate, by checking appropriate circle, if the person making this claim is engaged as an individual or through his/her professional firm. Engagement through a firm means payment for this claim will be made to the firm.

Name - please enter the name of the arbitrator, conciliator or committee member making this claim.
Example: Mr. John Smith or Dr. Elizabeth Jones

Firm Name: if engagement is through a firm, enter the name of the firm, otherwise leave blank.

Case Name and **ICSID Case Number**: enter the case name (may be abbreviated) and the Case Number assigned by ICSID. *Example: XYZ Corp. v. Republic of ABC ARB/09/5*

Period This Claim Covers: enter the start and end date for the period this claim submission covers. Claims should be submitted regularly when any work is performed or expenses incurred. Claims should normally be

submitted at least every three months.

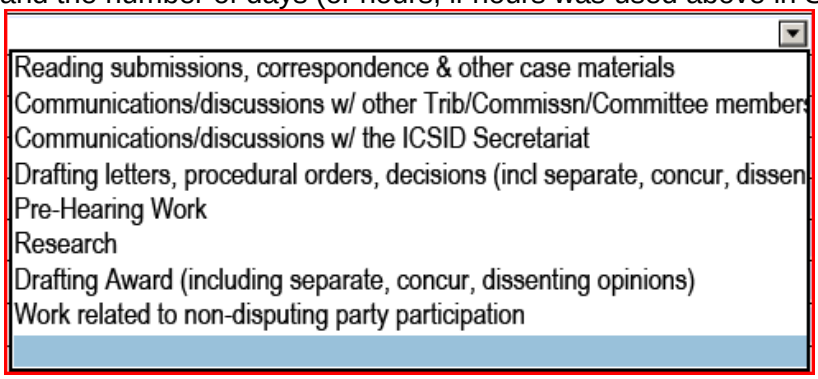
SECTION A: FEES

(a) **Fee for participating in meetings of the Tribunal/Commission/Committee, including days of travel to and from meetings:** (Please note that the standard fee for each 8-hour day of work in connection with the proceeding is currently US$3,000). Enter the number of days and the established rate amount per day. If entering hours, be sure to enter the number of hours and hourly rate.

No. of calendar days in travel: enter the number of calendar days spent travelling to/from meetings that are included in the billed fee days above.

Dates of Meetings: enter the dates of the meetings attended. Multiple dates or ranges may be entered in this text line. Example: March 1-3, 6, 9, 16-18, 2009

(b) **Fee for the equivalent of each eight-hour day of other work performed in connection with the proceeding during the period(s) indicated:** a drop-down selection may be used to select the most common tasks performed. For each type of work performed, enter the range of dates over which the work was done and the number of days (or hours, if hours was used above in Section A).



For time spend on other types of work performed that are not in the drop-down list, use the last line labeled “Miscellaneous other” and enter a brief description in the space provided.

Example:

Section A: FEES

(a) Fee for participating in meetings of the Tribunal/Commission/Committee, including days of travel to and from meetings:

2 days/hours at US$ $3,000 per day/hour = US$ $6,000.00

No. of calendar days in travel: 1 Dates of Meetings: Feb 23-25, 2010

(complete Itinerary section B below with actual travel dates)

(b) Fee for the equivalent of each eight-hour day of other work performed in connection with the proceeding during the period(s) indicated below: *(Note: you may attach a copy of your own detailed timesheet in lieu of completing the table below)*

Type of Work performed	Date from:	Date to:	Days or Hrs	Rate US$ per day/hour from (a) above	Fees
Reading submissions, correspondence & other case materials	02/15/2010	02/19/2010	2.0	$3000	$6,000.00
Communications/discussions w/ other Trib/Commissn/Committee memb	02/15/2010	02/19/2010	0.5	$3000	$1,500.00
				$3000	$0.00
				$3000	$0.00
				$3000	$0.00
				$3000	$0.00
				$3000	$0.00
Miscellaneous other:				$3000	$0.00
		Totals	2.5		$7,500.00

TOTAL FEES (a + b) US$ $13,500.00

Note: you may attach your own timesheet with a similar work breakdown, if you wish, as an alternative to completing Section A(b). When doing this, please use the **Miscellaneous Other** line at the bottom of this section, entering "see attached detail sheet" under type of work performed and the total number of days or hours for other work (no need to enter dates here if they are listed on your own attached timesheet). Example shown below:

Section A: FEES

(a) Fee for participating in meetings of the Tribunal/Commission/Committee, including days of travel to and from meetings:

3 days/hours at US$ $3,000 per day/hour = US$ $9,000.00

No. of calendar days in travel: Dates of Meetings:

(complete Itinerary section B below with actual travel dates)

(b) Fee for the equivalent of each eight-hour day of other work performed in connection with the proceeding during the period(s) indicated below: *(Note: you may attach a copy of your own detailed timesheet in lieu of completing the table below)*

Type of Work performed	Date from:	Date to:	Days or Hrs	Rate US$ per day/hour from (a) above	Fees
				$3000	$0.00
				$3000	$0.00
				$3000	$0.00
				$3000	$0.00
				$3000	$0.00
				$3000	$0.00
				$3000	$0.00
Miscellaneous other: see attached detail timesheet			7.0	$3000	$21,000.00
		Totals	7.0		$21,000.00

TOTAL FEES (a + b) US$ $30,000.00

SECTION B: ITINERARY & TRANSPORTATION

Enter travel itinerary for travel to/from meetings of the Tribunal/Commission/Committee. Include the city of departure on the first line. Enter dates of arrival and departure for each city visited. Enter the cost (in the purchase currency) for air or rail round trip ticket to the city in which the hearing/meeting took place. Expense claims are reimbursed only in U.S. dollars. Enter the exchange rate as of the date of purchase of the ticket and be sure to express the exchange rate as Purchase Currency/USD. Market exchange rates are available on-line from a variety of commercial internet websites[1] or you may contact ICSID for the appropriate exchange rates to use.

Example:

Section B: ITINERARY & TRANSPORTATION COST *complete itinerary even if no transportation is claimed*

City	Arrival Date mm/dd/yyyy	Departure Date mm/dd/yyyy	Currency	Cost	Exchange Rate (currency/US$)	US$ equivalent
Geneva		02/22/2010		0.00	1.0000	$0.00
Paris	02/22/2010	02/25/2010	EUR	500.00	0.7407	$675.04
Geneva	02/25/2010			0.00	1.0000	$0.00
				0.00	1.0000	$0.00
				0.00	1.0000	$0.00
				0.00	1.0000	$0.00
				0.00	1.0000	$0.00

March 2010 v City_7

TOTAL TRANSPORTATION US$ $675.04

Two short trips may be entered in the itinerary section, but a separate statement should be completed for multiple

trips involving more than one arrival and departure.

SECTION C: EXPENSES

[1] www.oanda.com, www.x-rates.com and are some example of such websites. In providing these examples, ICSID does not endorse or in any way, recommend or officially recognize these sources.

For each city visited in connection with direct travel to/from meetings of the Tribunal/Commission/Committee, enter the reimbursable expenses in the currency incurred. Start with the departure city.

- City of departure or where the expenses were incurred i.e. London
- City of arrival or where the expenses were incurred i.e. hearing or meeting in Washington D.C.
- Currency in which the expenses were paid (i.e. pound Sterling, euro, US dollars, etc) in that city

Part 1: SUBSISTENCE: Covers reimbursement of hotel costs and applicable per diem.

- You may select either Part (a) "Mixed Rate" (actual hotel room and tax, plus 50% of applicable city per diem allowance), or alternatively, Part (b) "Full Per Diem".
- In addition, please also complete Part (e) "One-half of Standard Per Diem" for each day spent travelling to/from the city where the hearings/meetings were held. One-half of the Standard Per Diem is currently US$ 58.
- Under Hotel Room + Tax, enter only Hotel Room charges AND applicable taxes or mandatory service charges. Please DO NOT include any meals, room service charges, laundry/valet, personal communications, in-room entertainment, etc that may have also been included in the hotel invoice. These expenses are considered to be covered by the per diem allowance which is explained in the next paragraph.

Example of Mixed Rate claim for one day & night in Paris:

List expenses by city and currency / Use separate columns for each currency		City / Currency	Paris / euro
1. SUBSISTENCE: fill out (a), or (b) and (c)			
(a) Mixed Rate: Hotel Room + Tax			235.00
50% of applicable per diem for each hotel night			68.50
(b) Full Per Diem (instead of Mixed Rate) *- use applicable per diem rate*			0.00
(c) One Half of Standard Per Diem:	(i) for day trips		0.00
	(ii) for overnight trips		85.19

Hotel Room charges of € 200 + tax of € 35 = € 235
50% of applicable per diem for Paris at US$ 185 = US$ 92.50 / $1.35/euro exch rate = €68.50 One day travel to and one day travel from Paris:
US$58 x 2 = $116 / $1.35/euro exch rate = € 85.19

- Selection of "Full Per Diem" for each night spent in a hotel means the authorized applicable per diem covers hotel room, tax and all other subsistence costs (meals, gratuities, valet, etc). The per diem allowance varies depending on the city. PLEASE SEE ATTACHED LIST. Please note that under this alternative you are not allowed to claim a reimbursement for the actual cost for the hotel, but only the applicable "Full per diem" amount.

PART 2: IN/OUT

- Complete either (a) **Actual expenses**
  - Charges incurred for transportation to and from terminals such as reimbursement for the actual

cost of porterage, taxis, airport or similar taxes, and other incidental expenses necessary for moving to and from a terminal. In such a case, the actual costs incurred should be itemized and supported by appropriate documentation when submitting the claim.

OR

(b) **In/Out Allowance**

- A flat "in-out allowance" per city per visit of US$ 54 to cover expenses necessary for travelled to and from the terminal.

Example of actual expenses claim for taxi to & from Paris airport plus baggage handling:

2. IN/OUT: Enter (a) actual expenses **OR** (b) In/Out allowance	
(a) Transportation to/from Airport	120.00
Baggage handling & Airport Tax	6.00
(b) In/Out Allowance (US$ 54 per city)	0.00

PART 3: OTHER and PART 5: EXPLANATION FOR EXPENSES LISTED UNDER PART 3

Indicate amounts claimed for actual reasonable costs of telephone, fax, internet access, in-city or other transportation, photocopying, and other reimbursable items incurred in connection with the hearing, meeting or associated work therefore. Provide more detailed explanation in Part 5 of Section C for items claimed in Part 3 under MISCELLANEOUS. Use the drop-down list on the first two lines of Part 5 to select the most common miscellaneous reimbursable expenses or enter detailed explanations using the last two lines of Part 5.

5. EXPLANATION FOR EXPENSES LISTED UNDER "3. OTHER - MISCELLANEOUS " ABOVE

Expense Item	City	Explanation	Amount
Courier Services	Paris	Shipment of hearing documents to ICSID Secretariat	euro 37.00
Courier Services			
Meals Provided Others			
Secretarial Assistance			

ELECTRONIC DEPOSIT / WIRE TRANSFER INFORMATION:

Payments for approved fees and expenses claimed are made by electronic funds transfers to specified bank accounts of the arbitrator or firm if engagement was through a firm). Please complete the bank account information accurately each time you complete and submit a claim form. Check the box provided if the information provided is an update of previously provided information (to indicate a change in your bank account information from previous claims submitted). IBAN (non-US banks) or ABA number (US banks) and/or Routing/SWIFT codes should be obtained from your bank.

Electronic Deposit / Wire Transfer Information ☒ Check here if this updates previously provided information

Bank Account No.	IBAN/ABA No.	Routing Code/Swift Code
123456789-001	026555897	

Name of account of holder:	Elizabeth Jones
Bank Name:	Bank of America
Bank Address:	Central Branch, 18 Park Avenue, New York City, NY USA

For further questions or guidance on completing the ICSID fees and expense claim form, contact:

ICSIDPAYMENTS: icsidpayments@worldbank.org or Mr. Walter Meza-Quadra at telephone 1-202-458-8950/ by email at wmezacuadra@worldbank.org

LIST OF CITIES UNDER SPECIAL PER DIEM RATE

Cities in the $185 per diem category

Abidjan
Abu Dhabi
Amsterdam
Auckland
Baltimore
Bamako
Bangkok
Bangui
Basel
Berlin
Bern
Bonn
Boston
Brazzaville
Bridgetown
Brussels
Budapest
Casablanca
Chicago
Cologne
Copenhagen
Cotonou
Dakar
Dublin
Frankfurt
Geneva
Hague, The
Helsinki
Hong Kong
Honolulu
Istanbul
Kampala
Khartoum
Kinshasa
Kuwait
Kyoto
Libreville
Lomé
London
Luxembourg
Madrid
Melbourne
Miami
Milan
Mombasa
Montreal
Munich
Muscat
Nassau
N'Djamena
New York
Niamey
Osaka
Oslo
Ottawa
Paris
Port Louis
Port of Spain
Rabat
Rome
San Francisco
Seoul
Singapore
St. Georges
Stockholm
Sydney
Taipei
Tokyo
Toronto
Turin
Vienna
Yaoundé
Zurich

LIST OF CITIES UNDER SPECIAL PER DIEM RATES

Cities in the $170 per diem category

Accra
Addis Ababa
Algiers
Amman
Ankara
Annaba
Annapolis
Apia
Athens
Atlanta
Beijing
Belgrade
Bissau
Bogota
Bombay
Brisbane
Buenos Aires
Calcutta
Canberra
Caracas
Castries
Conakry
Dallas
Damascus
Denpasar
Detroit
Dhaka
Dijon
Djibouti
Douala
Freetown
Gaborone
Guatemala City
Guayaquil
Havana
Houston
Izmir
Jakarta
Jerusalem
Johannesburg
Kigali
Kingston
Kota Kinabalu
Kuala Lumpur
Lagos
Lisbon
Los Angeles
Lubumbashi
Lusaka
Manila
Mexico City
Monterrey
Moroni
New Orleans
Nicosia
Ouagadougou
Oxford
Panama City
Philadelphia
Pittsburgh
Port Moresby
Porto
Reykjavik
Rio de Janeiro
Riyadh
Roseau
Rotterdam
Sana'a
Santa Cruz
Santiago
Sao Paulo
Shanghai
Santo Domingo
Surabaya
Suva
Tananarive
Tegucigalpa
Tel-Aviv
Vancouver
Warsaw
Washington
Zagreb

Cities in the $135 per diem category

Agadir	Dar es Salaam	Nandi
Alexandria	Fes	Nanking
Asuncion	Georgetown	New Delhi
Bangalore	Harare	Nouakchott
Banjul	Islamabad	Paramaribo
Baranquila	Jiddha	Phoenix
Belo Horizonte	Larnaca	Salvador
Brighton	Lilongwe	San José
Cairo	Lima	Tientsin
Cali	Marrakech	Tunis
Canton	Medellin	Villahermosa
Cartagena	Nairobi	

International Centre for Settlement of Investment Disputes

1818 H Street, N.W., Washington, D.C., 20433, U.S.A.
Telephone (202) 458-1534 Fax (202) 522-2027
e-mail: icsidsecretariat@worldbank.org

ICSID Use Only	
Claim #	
IO #	
Vendor ID #	
Checked funds availability	☐ Yes ☐ No
Approved by	
Signature	

check here if the arbitrator's services are engaged through a firm (payment to firm).

CLAIM FOR FEES AND EXPENSES

(form of engagement)
◯ Individual ◯ Firm

Name

Arbitrator's firm name if engaged through the firm

Firm Name (if applicable)

Case Name

ICSID Case No.

claim periods should normally not exceed 3 months

Period this Claim covers: _____ through _____
mm/dd/yyyy mm/dd/yyyy

NOTE: Submit with this claim all original hotel bills, transportation ticket jackets or eticket receipts and all other receipts available to you.

Section A: FEES

(a) Fee for participating in meetings of the Tribunal/Commission/Committee, including days of travel to and from meetings:

enter number of days or hours _____ days/hours at US$ _____ per day/hour = US$ $0.00

computed automatically from number of days or hours and rate

No. of calendar days in travel: _____ Dates of Meetings: _____
(complete Itinerary section B below with actual travel dates)

provide actual dates of travel in itinerary section at bottom of this page

(b) Fee for the equivalent of each eight-hour day of other work performed in connection with the proceeding during the period(s) indicated below: *(Note: you may attach a copy of your own detailed timesheet in lieu of completing the table below)*

Type of Work performed	Date from:	Date to:	Days or Hrs	Rate US$ per day/hour from (a) above	Fees
Select a drop-down choices of most common activities performed, then enter date range the work was performed over and number of equivalent eight-hour days performed. If an hourly rate is entered in Section A above, you must use hours here also.					
Miscellaneous other: for any activities not in the drop-down list					
		Totals			

computed automatically from number of days or hours and rate

TOTAL FEES (a + b) US$ $0.00

Section B: ITINERARY & TRANSPORTATION COST *complete itinerary even if no transportation is claimed*

City	Arrival Date mm/dd/yyyy	Departure Date mm/dd/yyyy	Currency	Cost	Exchange Rate (currency/US$)	US$ equivalent
city travel originates in				0.00	1.0000	$0.00
				0.00	1.0000	$0.00
				0.00	1.0000	$0.00
for multiple short trips, use all available lines				0.00	1.0000	$0.00
				0.00	1.0000	$0.00
				0.00	1.0000	$0.00
				0.00	1.0000	$0.00

computed automatically from cost amount and exchange rate (which must be entered ratio of cost currency/US$)

TOTAL TRANSPORTATION US$ $0.00

Section C: EXPENSES

List expenses by city and currency Use separate columns for each currency	City Currency			
1. SUBSISTENCE: fill out (a), or (b) and (c)				
(a) Mixed Rate: Hotel Room + Tax	0.00	0.00	0.00	0.00
50% of applicable per diem for each hotel night	0.00	0.00	0.00	0.00
(b) Full Per Diem (instead of Mixed Rate) *- use applicable per diem rate*	0.00	0.00	0.00	0.00
(c) One Half of Standard Per Diem: (i) for day trips	0.00	0.00	0.00	0.00
(ii) for overnight trips	0.00	0.00	0.00	0.00
2. IN/OUT: Enter (a) actual expenses OR (b) In/Out allowance				
(a) Transportation to/from Airport	0.00	0.00	0.00	0.00
Baggage handling & Airport Tax	0.00	0.00	0.00	0.00
(b) In/Out Allowance (US$ 54 per city)	0.00	0.00	0.00	0.00
3. OTHER *(Please specify under 5. below)*				
Telephone / Fax	0.00	0.00	0.00	0.00
Internet	0.00	0.00	0.00	0.00
In-city and other Transportation	0.00	0.00	0.00	0.00
Photocopy	0.00	0.00	0.00	0.00
Miscellaneous	0.00	0.00	0.00	0.00
4. TOTALS				
(a) By city and currency	0.00	0.00	0.00	0.00
(b) Exchange rates (currency/US$)	1.0000	1.0000	1.0000	1.0000
(c) Totals in US$ equivalent	$0.00	$0.00	$0.00	$0.00

obtain city per diem amounts from Guidelines

claim either actual expenses or the In/Out allowance, currently US$ 54 per city per visit

provide more explanation in subsection (5) below

TOTAL $0.00

5. EXPLANATION FOR EXPENSES LISTED UNDER "3. OTHER - MISCELLANEOUS" ABOVE

Expense Item	City	Explanation	Amount

chose drop-down for commonly-incurred misc expense item types, or enter other misc expense item descriptions in last two rows.

Section D: SUMMARY

Check this box when the bank account information you are providing now has changed from previously provided information. This helps ensure this information is updated correctly into your individual master record at ICSID

Section A	$0.00
Section B	$0.00
Section C	$0.00
TOTAL FEES & EXPENSES (from Sections A, B and C) in US$:	$0.00

Electronic Deposit / Wire Transfer Information

☐ Check here if this updates previously provided information

Bank Account No.	IBAN/ABA No.	Routing Code/Swift Code

Name of account of holder:

Bank Name:

Bank Address:

ICSID makes all fee and expense claim payments only by electronic funds transfers. Please ensure your bank account information is current and accurately entered here.

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.

Signature

completed form must be printed and hand-signed for submission to ICSID (can be scanned and emailed as pdf or faxed to ICSID).

Date

Print Form