

COURT RECORD NO.		ARBITRATOR INVOICE NO.	
PAYMENT INFORMATION			
Payment recipient		<input type="checkbox"/> Arbitrator <input type="checkbox"/> Legal person <input type="checkbox"/> Other	
Payment address			
SAGIR supplier no.		Email address	
GST no.:		QST no.:	
IDENTIFICATION OF THE PARTIES			
First and last name of the plaintiff		First and last name of the defendant	
ARBITRATOR'S FEES			
You must send the invoice to the Service de médiation et d'arbitrage no later than <b>30 days after the last mediation session has been held.</b>			
<b>Check the relevant boxes:</b>			
<input type="checkbox"/> An award has been rendered <input type="checkbox"/> An award has been rendered on the face of the record <input type="checkbox"/> An award has been rendered by default Mandate completed in full and award filed with the court office <input type="checkbox"/> \$500.00 <input type="checkbox"/> With taxes (if applicable): \$500 + GST (5%) \$25.00 + QST (9.975%) \$49.88 = <b>\$574.88</b>			
<input type="checkbox"/> No award rendered. Reason(s): _____			
Mandate completed without an award <input type="checkbox"/> \$200.00 <input type="checkbox"/> With taxes (if applicable): \$200 + GST (5%) \$10.00 + QST (9.975%) \$19.95 = <b>\$229.95</b>			
<b>For statistical purposes, please provide us with some details about the arbitration session(s) (if applicable):</b>			
Session dates and times:			
Date of sessions		Hours per session	
Year	Month	Day	h min
_____		_____ : _____	
_____		_____ : _____	
Signature of the parties			Session through
<i>By signing, I attest that the information provided above is accurate and that the services have been rendered.</i>			technological
Plaintiff		Defendant	
_____			means
_____			<input type="checkbox"/>
_____			<input type="checkbox"/>
Case management and preparation time: _____ : _____			
Award drafting time: _____ : _____			
<b>Total time (including sessions): _____ : _____</b>			
PARTIES' CONSENT TO TAKE PART IN A SURVEY ON THE SERVICES THEY RECEIVED			
The Ministère de la Justice du Québec would like to know your opinion about the arbitration services you received. Your participation is important and will help improve services offered to Quebecers. You are free to accept or decline the email invitation without consequences. Your email address will be used solely for this survey.			
<b>I authorize the arbitrator to share the following email address with Ministère de la Justice representatives so that a survey invitation can be sent to me.</b>			
Plaintiff:	Email address: _____		Signature : _____
Defendant:	Email address: _____		Signature : _____
To change your email address, please contact the evaluation team at: <a href="mailto:evaluation.programme@justice.gouv.qc.ca">evaluation.programme@justice.gouv.qc.ca</a> .			
ARBITRATOR'S SIGNATURE			
<b>Date</b>	Year Month Day	I attest that I have provided the above services and that my fees for these services are consistent with the tariff.	
_____	_____	_____	
First and last name (in block letters)		Signature	Membership number
_____		_____	_____