

DEPOSIT REQUEST



Invoice Date
12/15/2020

Invoice Number
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Bill To: **Mr. Yeghishe Kirakosyan**
Government of Republic of Armenia
Government House 1
0010
Yerevan,
AM

Reference #: **1425032969 - Rep# 2**
Billing Specialist: **Mason, Glenn T**
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Telephone: **949-224-4654**
Employer ID: **68-0542699**

RE: **Global Medical Solutions vs. Government of the Republic of Armenia**

Neutral(s): **Zela Claiborne Esq.**

Representing: **Government of Republic of Armenia**

Hearing Type: **MEDIATION**

BK

Date / Time	Description	Your Share
12/15/20	Zela G Claiborne Esq. Deposit for services: To be applied to professional time (session time, pre and post session reading, research, preparation, conference calls, travel, etc.), expenses, and case management fees. Failure to pay the deposit by the due date may result in a delay in service or cancellation of the session. With the exception of non-refundable fees, (Please review the Neutral's fee schedule regarding case management fee and cancellation policies), any unused portion of this deposit will be refunded at the conclusion of the case.	\$ 653.52

Total Billed: \$ 653.52

Total Payment: \$ 0

Balance: \$ 653.52

Unused deposits will not be refunded until the conclusion of the case. If the case cancels or continues, fees are due per our cancellation and continuance policy. Please make checks payable to JAMS, Inc. **For Arbitration Cases, please contact your case manager for due date, otherwise, payment is due upon receipt.**

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