pennsylvania INSURANCE DEPARTMENT  Vendor/Contracting Firm Lead Examiner In-Charge	Vendor Examiner Summary Sheet							
Street Address City Contact Phone				State		Zip		
TIME DETAIL				•				
Examiner	Hours	Hourly Rate	Fees TOTALS					
TRAVEL & EXPENS	ES							
Examiner	MEALS	AUTO	Hotel Accommodations	Airfare	Parking	Mileage	Other	EXPENSES TOTAL
I certify that this is a true and accurate	report and is in o	ompliance with PA	Commonwealth Travel			TOTA	L EXPENSES:	

Travel Spreadsheet for each examiner must be attached as well as receipts supporting all billed expenses. Alcohol and alcohol tax are NOT permitted to be submitted for reimbursement.

Date

policy and PA Insurance Department contracted agreement.

**Lead Examiner/Manager Signature**