

Vendor Examiner Summary Sheet

Vendor/Contracting Firm _____
 Lead Examiner In-Charge _____
 Street Address _____
 City _____ State _____ Zip _____
 Contact Phone _____

TIME DETAIL

Examiner	Hours	Hourly Rate	Fees TOTALS

TOTALS _____

TRAVEL & EXPENSES

Examiner	MEALS	AUTO	Hotel Accommodations	Airfare	Parking	Mileage	Other	EXPENSES TOTAL

I certify that this is a true and accurate report and is in compliance with PA Commonwealth Travel policy and PA Insurance Department contracted agreement.

TOTAL EXPENSES: _____

Lead Examiner/Manager Signature

Date