



Pennsylvania Insurance Department
Bureau of Market Actions
1321 Strawberry Square Harrisburg,
PA 17120

VENDOR HOLD-BACK SUMMARY

DATE:

CONTRACTED FIRM:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

ATTENTION:

REGARDING:

ACCOUNT#

INVOICE #

TOTAL WITHHELD FEES FOR PROFESSIONAL SERVICES RENDERED FROM

THROUGH

TOTAL HOLDBACK AMOUNT

BALANCE DUE:

FEDERAL EMPLOYER I.D. NO.

I, _____, hereby certify that

the services supplied, and expenses incurred as stated in the attached invoice have met all of the required standards set forth in the PID engagement letter, including adherence to the Commonwealth Travel Policy.

Signature