



Pennsylvania Insurance Department
Bureau of Market Actions
1209 Strawberry Square
Harrisburg, PA 17120

VENDOR SUMMARY

DATE:
CONTRACTED FIRM:
STREET ADDRESS:
CITY: STATE: ZIP CODE:
PHONE:
FEIN:

ATTENTION:
REGARDING:
WARRANT #: INVOICE # (If Applicable)

TOTAL FEES FOR PROFESSIONAL SERVICES RENDERED
FROM THROUGH TOTAL PROFESSIONAL FEES:

TOTAL EXPENSES/ADVANCES MADE TO YOUR ACCOUNT
FROM THROUGH TOTAL ADVANCED FEES:

(Per the vendor engagement letter with the Department, expenses and advances are not subject to withholding.)

WITHHOLDING PERCENTAGE WITHHOLDING AMOUNT: -
(enter percentage amount as decimal, ex. .20)

BALANCE DUE:

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 P.ID engagement letter, including adherence to the Commonwealth Travel Policy.

Signature

Date

For billing disputes, please contact the Pennsylvania Insurance Department, Office of Market Regulation via email at RA-IN-MKTACTIONEXAMS@pa.gov or telephone at (717) 787-6174.