



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

VENDOR SUMMARY

DATE:

CONTRACTED FIRM:

STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

ATTENTION:

REGARDING:

ACCOUNT#

INVOICE #

TOTAL FEES FOR PROFESSIONAL SERVICES RENDERED FROM
TOTAL PROFESSIONAL FEES

THROUGH

WITHHOLDING 10%

TOTAL EXPENSE ADVANCES MADE TO YOUR ACCOUNT FROM
TOTAL ADVANCES

THROUGH

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