



## Reviewer Payment Form

Reviewer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please list the audits completed for the month of** \_\_\_\_\_

Audit # \_\_\_\_\_ Review date \_\_\_\_\_ # of credit hours \_\_\_\_\_

Audit # \_\_\_\_\_ Review date \_\_\_\_\_ # of credit hours \_\_\_\_\_

Audit # \_\_\_\_\_ Review date \_\_\_\_\_ # of credit hours \_\_\_\_\_

Audit # \_\_\_\_\_ Review date \_\_\_\_\_ # of credit hours \_\_\_\_\_

### Reviewer Payment Schedule

For each individual audit, Reviewers will receive \$60.00 for the first credit hour and \$10.00 for each additional credit hour. *For example: a 1 hour CE course would equal \$60, a 2 hour CE course would equal \$70, etc.*

**Total Payment Due to Reviewer** \$ \_\_\_\_\_

\_\_\_\_\_  
Reviewer's Signature Date

---

### For PFC Office Use Only:

Date Received \_\_\_\_\_ G/L # \_\_\_\_\_

Voucher # \_\_\_\_\_ Vendor # \_\_\_\_\_

Amount \_\_\_\_\_ Approved By \_\_\_\_\_