



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 _____