



STATE OF MAINE  
 DEPARTMENT OF PUBLIC SAFETY  
 MAINE EMERGENCY MEDICAL SERVICES  
 152 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333



PAUL R. LEPAGE  
 GOVERNOR

**Maine EMS Practical Skills Evaluator (PSE) Administrator  
 Payment Form - Revised July 24, 2015**

JOHN E. MORRIS  
 COMMISSIONER

JAY BRADSHAW  
 DIRECTOR

**State PSE Administrator Information (Pay to):**

1. Name: \_\_\_\_\_ 2. Vendor Code: \_\_\_\_\_  
 3. Address: \_\_\_\_\_  
 4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_ 6. Zip: \_\_\_\_\_  
 7. Evaluation Date: \_\_\_\_\_ 8. Location: \_\_\_\_\_  
 9. Training Center: \_\_\_\_\_ 10. Course #(s): \_\_\_\_\_

**11. Evaluation type:**

\_\_\_\_ PSE EMR                      \_\_\_\_ PSE EMT                      \_\_\_\_ PSE EMR/EMT Combined  
 \_\_\_\_ NREMT AEMT                      \_\_\_\_ NREMT Paramedic                      \_\_\_\_ NREMT AEMT /Paramedic Combined

12. Hours (Time on-site) \_\_\_\_\_ hrs. x \$25.00/hr: = \_\_\_\_\_

13. Roundtrip Mileage from/to: \_\_\_\_\_ / \_\_\_\_\_

14. Number of Miles: \_\_\_\_\_ miles x \$.44/mile = \_\_\_\_\_

15. Travel Time Reimbursement: \_\_\_\_\_ miles (from #14) x 0.375 = \_\_\_\_\_

**16. Meals – Per Diem (Per diem amount will be calculated by Maine EMS)**

a. Departure Date: \_\_\_\_\_ c. Departure Time: \_\_\_\_\_  
 b. Return Date: \_\_\_\_\_ d. Return Time: \_\_\_\_\_  
 e. List any meals provided (e.g., Breakfast; Lunch; Dinner):  
 \_\_\_\_\_

17. Lodging (Contact MEMS for rates) = \_\_\_\_\_

18. Other (tolls/postage) Specify: \_\_\_\_\_ = \_\_\_\_\_  
 (Attach receipt if five dollars or more)

19. Payment Sub-Total = \_\_\_\_\_

I certify that the above information provided by me is correct, and I understand and agree that meal and lodging payment is based upon State of Maine per diem rates.

\_\_\_\_\_  
 Print Name    Signature    Date

**Per Diem Amount (Maine EMS will calculate per diem amount):** \_\_\_\_\_

**Total Payment Amount:** \_\_\_\_\_

To: DPS Accounting                      From: Maine EMS

Please pay the above listed State Evaluator the sum of: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Acct. # 014 16A 1925 01 4099  
 CTB #: 16A-20150610\*071