



PAUL R. LEPAGE
GOVERNOR

JOHN E. MORRIS
COMMISSIONER

SHAUN A. ST. GERMAIN
DIRECTOR

Maine EMS Practical Skills Evaluation (PSE) Administrator Payment Form

Vendor Details

- 1) Name: _____ 2) Vendor Code: _____
 3) Address: _____
 4) City: _____ 5) State: _____ 6) Zip: _____

Examination Details

- 7) Evaluation Date: _____ 8) Location: _____
 9) Training Center: _____ 10) Course #(s): _____
 11) Evaluation Type: (EMR and EMT examinations are state tests. AEMT and Paramedic examinations are NREMT tests.)
- | | | |
|------------|-----------------|----------------------------------|
| _____ EMR | _____ EMT | _____ EMR/EMT Combination |
| _____ AEMT | _____ Paramedic | _____ AEMT/Paramedic Combination |

Reimbursement Details

- | | | |
|---|----------------------------|------------|
| 12) Starting Location: _____ | 13) Ending Location: _____ | Totals: |
| 14) Hours On-Site: _____ | x \$25/hour: _____ | = \$ _____ |
| 15) Miles Traveled (milage): _____ | x \$.44/mile: _____ | = \$ _____ |
| 16) Miles Traveled (travel time): _____ | x \$.375/mile: _____ | = \$ _____ |
| 17) Lodging : (contact Maine EMS for rates and approval) | = _____ | \$ _____ |
| 18) Tolls/Other: (Receipt >\$5). Excludes postage - MEMS will calculate from receipt. | = _____ | \$ _____ |
| 19) Payment Subtotal | = _____ | \$ _____ |
| 20) Meals - per diem: (rate calculated by Maine EMS) | | |
| a) Departure Date/Time: _____ | b) Return Date/Time: _____ | |
| c) Meals Provided by Testing Center: _____ | | |

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

_____	_____	_____
Printed Name	Signature	Date

For Maine EMS Use Only

<u>Meals to Reimburse</u>		
___B	___L	___D
\$11	\$12	\$23
Total: _____		

Payment Subtotal:	\$	
Per Diem Amount:	\$	
Postage:	\$	
Total Payment:	\$	

<u>Notes</u>

Account: _____ 014-16A-1925-01-4099
 PO: _____
 Invoice #: _____

Approved by: _____
 Date: _____