



MERIT PAYMENT REPORTER

BROKER	CODE	DATE	OFFICE/ID

#	INSURED NAME	MERIT #	AMOUNT	METHOD/INFO
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Total: