SAI Form # 2094 (2013)

Temporary Motorist Liability Plan
Monthly Report to Plan Administrator

Receipt Date	Sheriff's Receipt #	Defendant	Citation #	Issuing Agency	Tag #	Premium Due	Temp. Ins. Pool	Sheriff's Fee	Plan Admin. Fee	Issuing Agency Fee	Monthly Total Remitted to PA
					Monthly Totals:						
										Voucher #	
										Total Amount due from Plan Administrator:	
										Misc. Receipt Number:	

Note: Keep one copy and send one copy to Plan Administrator with monthly remittance.