

Orion I.S.O. Direct Deposit Expense Form

Consumer's Name: _____ Date: _____

***Please check one:**

- I have paid for this approved good or service and am requesting reimbursement.
(Must attach receipt or proof of payment with \$ amount.)

- I have not paid for this good or service and am requesting Orion to pay directly.
(Must attach estimate or bill with \$ amount.)

*Make check payable to: _____

*Mail Check to: _____

Address: _____ Phone #: _____

Social Security or Federal ID number (if applicable, for use on 1099): _____

*Description of Goods/Services	Date	Amount (\$)
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Total Amount Due: _____

***Specific Instructions/Comments:**

*** Managing Employer's Signature:** _____

Mail to:
Orion I.S.O. Expenses
44 North 28th Avenue, Suite A
St. Cloud, MN 56303

Fax: 320-202-9471 / Toll Free: 1-877-677-3314
Phone: 320-203-7028 ext. 1115/ Toll Free: 1-877-656-7466 ext.1115
E-mail: expenses@orionassoc.net