

# Orion I.S.O. 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 if necessary)

*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 28<sup>th</sup> 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