

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 invoice or bill with \$ amount.)

***Make check/direct deposit payable 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
9400 Golden Valley Road
Golden Valley, MN 55427

Fax: 877-677-3314
Phone: 763-450-5039
E-mail: expenses@orionassoc.net