

Orion I.S.O. Fiscal Conduit Payroll Reimbursement Form

Client Name: _____ Date: _____

Make check payable to: _____

Mail Check to: _____

Address: _____

Phone #: _____

Payroll Expenses (List each employee (EE) separately):

	<u>EE Name</u>	<u>Hrly Rate</u>	<u>Hrs/ Worked</u>	<u>Gross Wages:</u>	<u>EE Taxes Withheld:</u>	<u>Net Wages Paid</u>
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____

***For verification purposes only**

————— **Employer** —————

<u>ER FICA</u>	<u>ER FUTA</u>	<u>ER SUTA</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Amount requested for Net Wages \$ _____

Common Law Employer Signature: _____

County: _____

Orion I.S.O.
9400 Golden Valley Road
Golden Valley, MN 55427

Phone: 763-450-5039
Fax: 763-450-5038
E-mail: expenses@orionassoc.net

***This is for verification purposes only.**
Please submit tax reimbursements on your Orion ISO
Expense Reimbursement Form.