

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