



Orion I.S.O. Expense Form

Consumer's Name: _____ Date: _____

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 an invoice or bill with \$ amount)

*** Make payment to:**

***Specific Instructions/Comments:**

Name: _____

Address: _____

Phone #: _____

Budget Category	Receipt Date	Item(s)	Retailer/Vendor	Amount

**** Reimbursement requests are due by Thursday at 5 pm and reimbursed the following Wednesday.**

Total Amount Due: _____

Mail to:

Orion I.S.O. Expenses
 9400 Golden Valley Rd
 Golden Valley, MN 55427

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

*** Managing Employer's Signature:**

Managing Employer's Name (Print):