



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: _____

*** Managing Employer's Signature:**

Managing Employer's Name (Print):
