



## 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):**

\_\_\_\_\_