DS WAIVER
ISO

NON-PAYROLL REIMBURSEMENT REQUEST

#001

CHECK PAYABLE TO: _____ **DATE:** _____

CONSUMER: _____

DS AGENCY: _____

DATE	SC	DESCRIPTION(dates of service, etc.)	AMOUNT
		TOTAL AMOUNT DUE:	

Documentation for purchases of items, registrations, memberships must be attached, I.E.: Receipts, Invoices, Order Forms, Registration Forms, etc.

I certify that the above information is true, accurate and complete. If form is not complete, I understand that it will be returned for completion/correction.

PROVIDER SIGNATURE: _____ **DATE:** _____

PROVIDER SOCIAL SECURITY NUMBER: _____

EMPLOYER SIGNATURE: _____ **DATE:** _____

SUBMIT TO: ARIS SOLUTIONS
PO BOX 4409
WHITE RIVER JCT, VT 05001

QUESTIONS CALL:
1-800-798-1658

FAX TIME SHEETS TO:
1-888-604-0361
E-MAIL TIME SHEETS:
ARIStime@arissolutions.org

TIME SHEETS MUST BE SUBMITTED EVERY TWO WEEKS ACCORDING TO THE PAYROLL SCHEDULE. TIME SHEETS POSTMARKED ON THE THURSDAY "MAIL DAY" CAN BE ASSURED PAYMENT EVEN IF THEY ARRIVE LATE IN OUR OFFICES. TIME SHEETS WHICH ARRIVE LATE IN OUR OFFICES AND WHICH DO NOT REFLECT THE THURSDAY "MAIL DAY" POSTMARK CANNOT BE ASSURED PAYMENT FOR THAT PAY

Yellow Copy for Employer Records