



ADVERTISING/MARKETING DEPARTMENT
PAYMENT / REIMBURSEMENT REQUEST FORM
- Use this form for promotional/internal marketing requests only -

***ALL ORIGINAL RECEIPTS AND OTHER DOCUMENTATION MUST BE ATTACHED TO THIS FORM BEFORE REQUEST WILL BE APPROVED.

DATE MAILED: ___/___/___

MAKE CHECK PAYABLE TO: _____

DOLLAR AMOUNT OF CHECK: \$ _____

MAIL CHECK TO: _____

EVENT / PURPOSE: _____

OFFICE (S) TO BE CHARGED: _____

Doctor Signature

Date

Office Coordinator

Date

Date Received: ___/___/___ Date Processed: ___/___/___

Approval Signature

Comments:

MAIL TO: Orthodontic Centers of America – Advertising/Marketing Department
3850 North Causeway Suite #1040
Metairie, Louisiana 70002