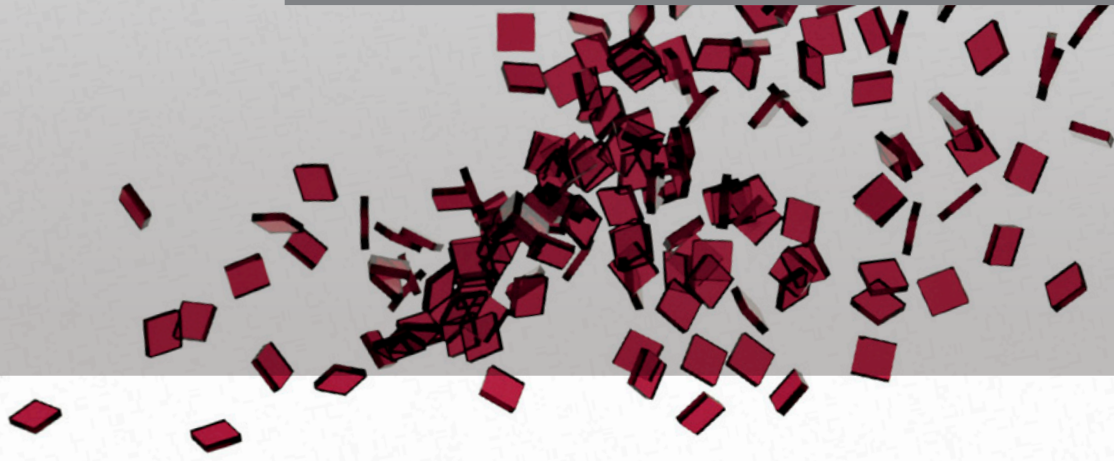




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Orc Joint Marketing Program Claim Form

Date..... Phone..... Fax.....
Partner Name..... Activity.....
Address.....
Postal code..... City..... Activity Date.....
Contact..... E-mail..... Project Approval Number.....

Expense

List expenses in the spaces below. Please list each individual invoice separately and attach all required documentation.

Item	Total cost (Per Attached Invoice)	Total Amount Claimed
.....
.....
.....
.....
.....

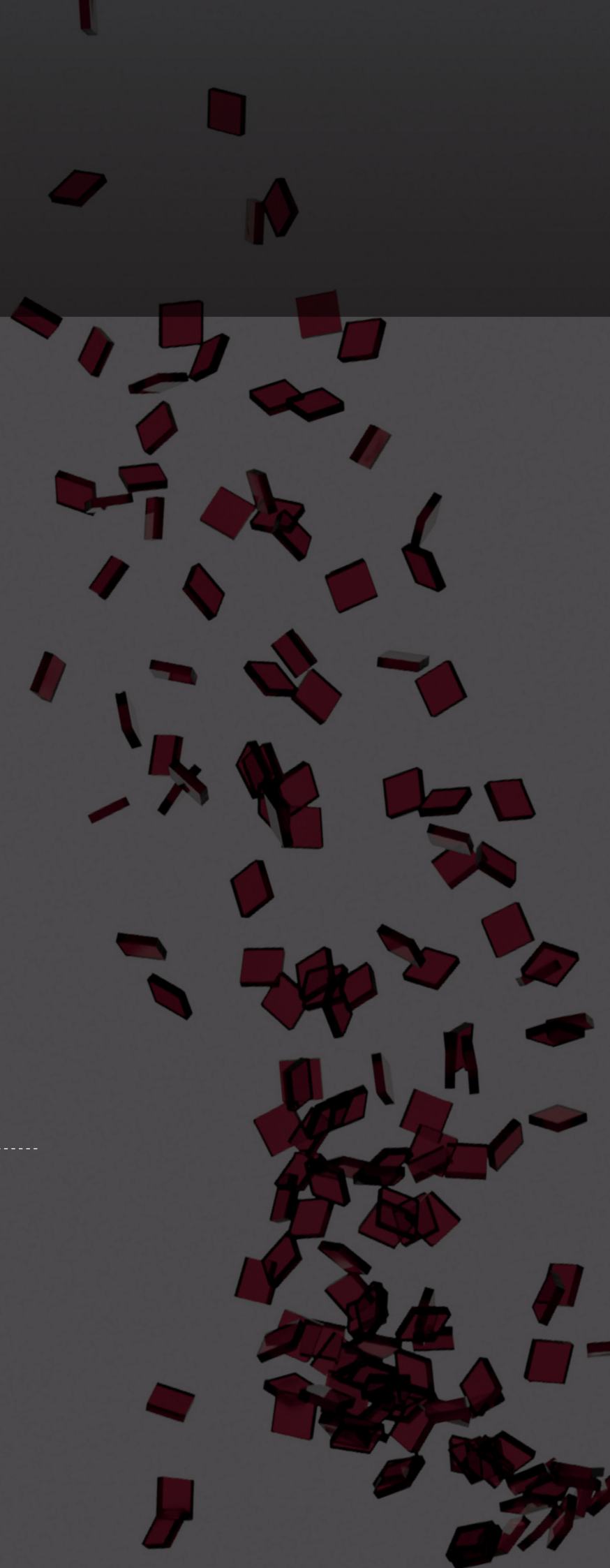
Grand Totals.....

For Orc Use Only

Total Claim Approved..... Exchange Rate.....
Date..... Approved by.....
Claim number..... Signature.....

Mail or fax to **Orc Partner Marketing Group**

Email partnermarketing@dorc-group.com • Fax: EMEA +46 8 506 477 01 • APAC +852 2167 8599 • Americas +1 212 792 9720



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