SELF DIRECTION EXPENDITURE REQUEST

AIM Services, Inc. 4227 Route 50 Saratoga Springs, NY 12866
Phone: 518.587.3208 Fax: 518.587.7236

PARTICIPANT: _____

Date of Expense	Activity/Items/Reason for Purchase	Program (IDGS, OTPS, FRR)	Amount

_____ _____

Participant / Designee Signature (*required*) **Date**

☐ **Attach all Original Receipts or Invoices**