ALLIED COMMUNITY Resources

Financial Management Services Agency
For Alabama's Personal Choices Program
P.O. Box 509, East Windsor, CT 06088-0509
Toll-Free: (888) 322-1599 ext. 102 FAX Toll-Free (888) 249-9998

PERSONAL CHOICES
Putting the power to choose in your hands

REQUEST for REIMBURSEMENT

☐ **Request for Prepaid expenses (MUST attach pre-printed receipts or invoices).**

☐ **Transportation (MUST attach receipts with provider's name imprinted on it).**

☐ **Respite (MUST attach copies of cancelled checks or receipts).**

Reimbursements will be processed for the total dollar amount of receipts provided with this Request for Reimbursement Form*

CONSUMER NAME:		
Date	**Description**	**Amount**
Make check payable to:	**TOTAL AMOUNT:**	
Mailing Address:		

***By signing below, I certify that this request for reimbursement recorded on this reimbursement form were incurred expenses for the consumer.**

Employee Name (Printed) **Employee Signature** **Date**

***By signing below, I certify that the employee incurred expenses recorded on this reimbursement form for the consumer.**

Client/Representative Name (Printed) **Client/Representative Signature** **Date**