

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a Flexible Spending Account (FSA) reimbursement for eligible medical expenses incurred on [date of service].

Attached you will find the necessary documentation, including receipts and any required forms for processing this request. The total amount I am seeking to be reimbursed is [\$Amount].

I appreciate your attention to this matter and look forward to your prompt response. Should you need any additional information, please feel free to contact me at [your phone number] or [your email address].

Thank you for your assistance.

Sincerely,

[Your Name]

[Attachment: Receipts and Documentation]