

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient Name]
[Recipient Title]
[Organization Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request reimbursement for the expenses incurred while providing in-home supportive services under the IHSS program.

****Details of Services Provided:****

- ****Recipient Name:**** [Name of the Individual Receiving Care]
- ****Service Dates:**** [Start Date] to [End Date]
- ****Total Hours Worked:**** [Total Hours]
- ****Hourly Rate:**** [Your Hourly Rate]
- ****Total Amount Requested:**** [Total Amount]

****Description of Services:****

[Provide a brief description of services you provided, including personal care, assistance with daily living activities, etc.]

Attached are the relevant invoices and receipts documenting the expenses. Please let me know if you require any additional information or documentation to process this request.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]