

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

[Recipient Name]
[Agency/Organization Name]
[Address]
[City, State, ZIP Code]

Subject: IHSS Reimbursement Claim

Dear [Recipient Name],

I am writing to submit a reimbursement claim for [specific expenses related to IHSS services] incurred during the period of [start date] to [end date].

Details of the claim are as follows:

- ****Recipient Name:**** [Name of the individual receiving IHSS]
- ****Service Provider:**** [Your Name or Provider's Name]
- ****Invoice/Receipt Number:**** [Invoice or receipt number]
- ****Total Amount Requested:**** [\$Amount]
- ****Description of Services Provided:**** [Brief description of services]

Enclosed with this letter are the required documents, including receipts and invoices, supporting my claim for reimbursement.

I appreciate your attention to this matter and look forward to your prompt processing of my claim.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]