

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Agency/Organization Name]
[Agency Address]
[City, State, Zip Code]
Subject: IHSS Reimbursement Request

Dear [Recipient Name],
I hope this letter finds you well. I am writing to formally request reimbursement for [specific expenses related to IHSS services, e.g., transportation costs, supplies, etc.]. Below are the details of my request:

1. ****Service Period****: [Start Date] to [End Date]
2. ****Total Amount Requested****: \$[Amount]
3. ****Description of Expenses****:
 - [Expense 1]: \$[Amount]
 - [Expense 2]: \$[Amount]
 - [Expense 3]: \$[Amount]

Attached to this letter, you will find the necessary documentation, including receipts and any other relevant information to support my claim.

I appreciate your attention to this matter and look forward to your prompt response. Should you require any additional information, please feel free to contact me at [Your Phone Number] or [Your Email Address]. Thank you for your assistance.

Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your IHSS Case Number] (if applicable)