

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

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

Subject: IHSS Reimbursement Request

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for expenses incurred while providing in-home supportive services (IHSS) to [Recipient's Name/Client's Name].

Details of the reimbursement request are as follows:

- ****Dates of Service:**** [Insert dates]
- ****Type of Services Provided:**** [Brief description of services]
- ****Total Amount Requested:**** \$[Insert amount]

Attached to this letter are copies of receipts and relevant documentation to support my request.

I appreciate your prompt attention to this matter and look forward to your response. Should you require any additional information or clarification, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

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