

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

[Date]
[Recipient Name]
[Recipient Title]
[IHSS Office Name]
[Office Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: IHSS Reimbursement Claim

I hope this letter finds you well. I am writing to submit my reimbursement claim for expenses incurred while providing in-home supportive services (IHSS) to [Recipient's Name/Client's Name] from [Start Date] to [End Date].

Enclosed are the relevant receipts and documentation supporting my claim, which includes:

1. [List of documents/receipts]
2. [List of additional documents if necessary]

I kindly ask that you process this reimbursement at your earliest convenience. Should you require any further information or clarification, please do not hesitate to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Title/Relationship to Client, if applicable]