

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

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

Dear [Recipient Name],

Subject: Request for IHSS Reimbursement

I hope this letter finds you well. I am writing to formally request reimbursement for In-Home Supportive Services (IHSS) related expenses incurred during the period of [specific dates]. The following details outline the expenses for which I am seeking reimbursement:

1. ****Service Description****: [Briefly describe the service provided]
2. ****Date of Service****: [Date(s) of service]
3. ****Total Amount Due****: [Total reimbursement amount requested]

Please find attached the necessary documentation, including [list any attached documents such as receipts, timesheets, etc.], to support my request.

I kindly ask that you process this reimbursement at your earliest convenience. Should you require any further information or clarification, please feel free to reach me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Attachments: [List of documents]