

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

[IHSS Office Name]  
[IHSS Office Address]  
[City, State, Zip Code]

Subject: Request for Reimbursement for Emergency Expenses

Dear [IHSS Office Representative's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for emergency expenses incurred while providing in-home supportive services for [Recipient's Name] during the period of [start date] to [end date].

Due to unforeseen circumstances, I had to make urgent expenditures totaling [\$ amount], which were necessary for [briefly explain the reason, e.g., medical emergencies, essential supplies, etc.]. Attached to this letter, please find copies of all relevant receipts and documentation pertaining to these expenses.

I appreciate your attention to this matter and kindly request that you process my reimbursement at your earliest convenience. Should you require any additional information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your IHSS Provider Number] (if applicable)

Attachments: [List of attached documents, e.g., receipts, invoices]