

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

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

Dear [Recipient Name],

Subject: Request for IHSS Reimbursement for Out-of-Pocket Expenses

I hope this letter finds you well. I am writing to formally request reimbursement for out-of-pocket expenses incurred while providing In-Home Supportive Services (IHSS) for [Name of Recipient or Client] from [Start Date] to [End Date].

Attached you will find all relevant documentation, including receipts and a detailed list of the expenses. The total amount I am requesting for reimbursement is [\$Total Amount].

I appreciate your attention to this matter and look forward to your prompt response. Please let me know if you require any additional information or documentation.

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]