

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[IHSS Office/Agency Name]
[Office Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Request for Reimbursement of Transportation Costs

I hope this letter finds you well. I am writing to formally request reimbursement for transportation costs incurred while providing In-Home Supportive Services (IHSS) to [Recipient's Name] during the period of [Start Date] to [End Date].

The transportation expenses are outlined as follows:

- Date(s) of service: [List dates]
- Purpose of travel: [Brief description of service provided]
- Total mileage: [Total miles driven]
- Reimbursement rate: [Rate per mile, if applicable]
- Total amount requested: \$[Total amount]

Attached are the relevant receipts and documentation to support my claim.

I appreciate your attention to this matter and look forward to your prompt response regarding the reimbursement.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]