

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

[Recipient's Name]
[Agency/Organization Name]
[Address]
[City, State, Zip Code]

Subject: IHSS Reimbursement Request

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request reimbursement for [specific expenses] related to In-Home Supportive Services (IHSS) provided to [Recipient's Name or Client's Name] during the period of [start date] to [end date].

Below is a summary of the incurred expenses:

1. ****Date of Service****: [Date]
 ****Type of Service****: [Description of service]
 ****Amount****: [\$ Amount]
2. ****Date of Service****: [Date]
 ****Type of Service****: [Description of service]
 ****Amount****: [\$ Amount]

[Continue the list as necessary]

Total amount requested for reimbursement: [\$ Total Amount]

Attached are all relevant receipts and documentation to support my request. I kindly ask for your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]