

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Organization's Address]  
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for IHSS Reimbursement

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

Attached to this letter, you will find the necessary documentation, including receipts and a detailed breakdown of the services provided. The total amount for reimbursement is [total amount].

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

Thank you for your support.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]