

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

[Recipient's Name]
[Recipient's Title]
[Agency/Organization Name]
[Agency/Organization 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 [Client's Name], under the IHSS program.

Details of the reimbursement request are as follows:

- ****Service Period****: [Start Date] to [End Date]
- ****Total Amount Requested****: \$[Amount]
- ****Services Provided****: [Brief description of services rendered]

Enclosed are copies of all relevant documentation, including invoices and receipts, to support my request.

I appreciate your attention to this matter and look forward to your prompt response. Should you require any additional information, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,
[Your Name]