

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

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

Dear [Recipient's Name],

I am writing to request reimbursement for the expense incurred for my Vyvanse prescription, which is a necessary medication for my health management.

**\*\*Details of the Purchase:\*\***

- **\*\*Medication Name:\*\*** Vyvanse
- **\*\*Date of Purchase:\*\*** [Purchase Date]
- **\*\*Pharmacy Name:\*\*** [Pharmacy Name]
- **\*\*Total Amount:\*\*** \$[Total Amount]
- **\*\*Receipt Attached:\*\*** [Yes/No]

The medication is essential for my [mention condition], and it was recommended by my healthcare provider, [Provider's Name], as part of my treatment plan.

Please let me know if you need any additional information or documentation to process this reimbursement request. Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Position, if applicable]