

# Medical Expense Reimbursement Request

**Date:** [Insert Date]

**Your Name:** [Your Name]

**Employee ID:** [Employee ID]

**Department:** [Your Department]

**Manager/Supervisor:** [Manager/Supervisor Name]

**To:** [HR/Finance Department]

## **Subject: Request for Approval of Medical Expense Reimbursement**

Dear [HR/Finance Department],

I am writing to formally request approval for reimbursement of medical expenses I incurred on [insert date(s) of medical service]. The total amount I am seeking reimbursement for is [insert total amount].

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

- [Description of the first receipt]
- [Description of the second receipt]
- [Description of any additional receipts]

As per company policy, I have ensured that all expenses are eligible for reimbursement and fall within the guidelines provided in the employee handbook.

I appreciate your prompt attention to this matter and look forward to your approval. Please do not hesitate to contact me if you require any further information.

Thank you.

Sincerely,

[Your Name]

[Your Contact Information]