

Medical Expense Reimbursement Request

Date: [Insert Date]

Your Name: [Your Name]

Your Address: [Your Address]

City, State, ZIP: [City, State, ZIP]

Contact Number: [Your Phone Number]

To Whom It May Concern,

I am writing to request reimbursement for medical expenses incurred for dependent care costs. Below are the details of the expenses:

Dependent's Name: [Dependent's Name]

Relationship to Dependent: [Relationship]

Date of Service: [Date of Service]

Description of Service: [Description]

Amount Charged: \$[Amount Charged]

Please find attached the relevant documentation, including receipts and invoices. I kindly request that you process this reimbursement at your earliest convenience.

Thank you for your attention to this matter. If you require any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]