

# Medical Expense Reimbursement Request

Date: [Insert Date]

To: [Manager/Supervisor's Name]

From: [Employee's Name]

Department: [Employee's Department]

Subject: Request for Medical Expense Reimbursement

Dear [Manager/Supervisor's Name],

I am writing to formally request reimbursement for medical expenses incurred on [Insert Date(s)]. As per the company policy, I have attached all relevant receipts and documentation for your review.

The details of the expenses are as follows:

- Service Provider: [Name of the Doctor/Facility]
- Date of Service: [Insert Date]
- Description of Service: [Description of Medical Service]
- Amount: \$[Insert Amount]

I appreciate your prompt attention to this matter and look forward to your response. Please let me know if any further information is required.

Thank you for your support.

Sincerely,

[Employee's Name]

[Employee's Job Title]

[Employee's Contact Information]