

Medical Expense Reimbursement Request

Date: [Insert Date]

To: [Manager's Name]

From: [Employee's Name]

Department: [Employee's Department]

Subject: Request for Medical Expense Reimbursement

Dear [Manager's Name],

I hope this message finds you well. I am writing to formally request reimbursement for medical expenses incurred on [Insert Date of Service]. Please find the details of the expenses below:

Date of Service	Description	Amount
[Insert Date]	[Insert Description]	[Insert Amount]

Attached are the relevant receipts and documentation for your review. I appreciate your prompt attention to this matter and look forward to your response.

Thank you for your consideration.

Sincerely,

[Employee's Name]

[Employee's Contact Information]