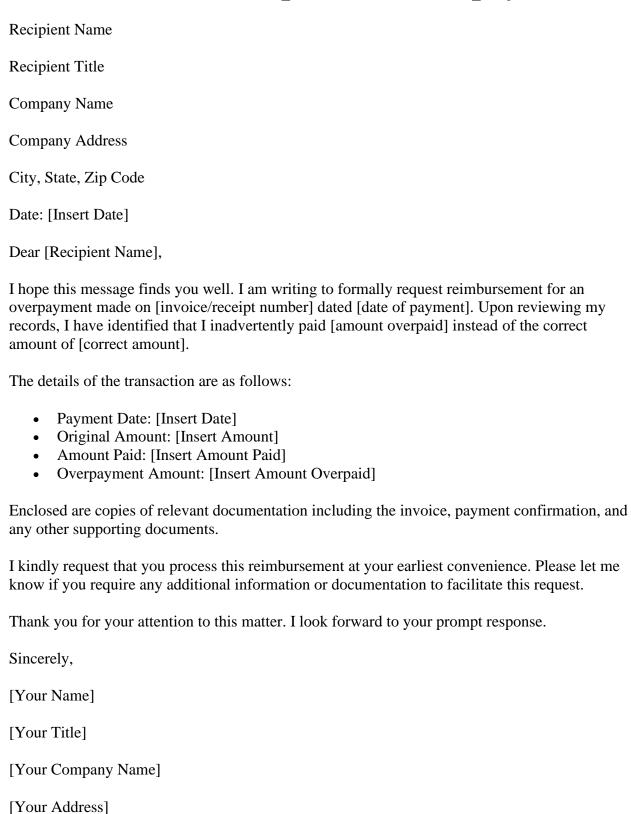
Reimbursement Request for Overpayment



[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]