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| [Recipient Name]  [Title]  [Company]  [Recipient Street Address]  [Recipient City, ST Zip] |

I am writing to request reimbursement for the medical expenses incurred for my appendix surgery last month. The total bill includes surgery charges, post-operation consultation fees, and all my medication. The overall expenses are within the limit of my official medical coverage offered by the company.

Enclosed herewith are my medical reports, the hospital bill, and other relevant receipts. Please let me know if I need to provide any further information.

Sincerely,

[Your Name]

Enclosure