



1120 N. Charles Street
Suite 300
Baltimore, MD 21201
USA

www.iss-usa.org

Your organizations' letterhead

Date

Stephney Allen
Director of U.S. Repatriation Program and Internal Operations
1120 N. Charles Street, Suite 300
Baltimore, MD 21201

Dear Ms. Allen:

Please find enclosed documents: the signed U.S. Repatriation Program RR-05 Privacy and Repayment Agreement form and the RR-04 Non-Emergency Monthly Financial Statement form with case notes supporting administrative hours, copies of all receipts, signed cash disbursement acknowledgement forms and vouchers copies regarding the repatriation case # . The attached reimbursement request covers the dates: from to with (summary of the expenses) total amount of \$.

Please make the check payable to: name of the person or organization.

If you have any questions or concerns in regards to this request, please don't hesitate to contact: the name, telephone number, email address, address.

Thank you for your prompt attention to this request,

Sincerely,

Signature
Company/ Agency name:
Contact Person:
Address:
City, State, Zip

Revised on 7/18/2019

Cover letter for reimbursement, doc