Phone: 555-555-5555

Fax: 222-222-2222

Email: xyz@example.com

Website: http://mysite@example.com

**SAMPLE FORMAT FOR COVER LETTER/INVOICE  
to be used when requesting reimbursment**

DATE: April 10, 2019

# Top Health Care

Top Health Care

ealth Care

Rural, ND 55555

TO: Center for Rural Health Flex Program

UND School of Medicine and Health Sciences

1301 N Columbia Rd. Stop 9037

Grand Forks, ND 58202-9037

FROM: Top Health Care

REFERENCE: Flex Peer Exchange

Request for reimbursement as follows:

Cobblestone Inn (2 people/1 night) $189.48

Mileage (212 miles @ $0.575) $121.90

TOTAL AMOUNT OF THIS REQUEST $311.38

Please contact ??????? at (701) xxx-xxxx, if you have any questions regarding this invoice.

Thank you,

Director

Top Health Care