

# Confirmation of Billing Revision Approval

Date: [Insert Date]

[Your Company Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

To: [Recipient's Name]  
[Recipient's Company Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to confirm the approval of the billing revision as discussed in our recent correspondence. The revised billing details are as follows:

- **Original Invoice Number:** [Original Invoice Number]
- **Revised Invoice Number:** [Revised Invoice Number]
- **New Amount Due:** [New Amount]
- **Due Date:** [New Due Date]

Please ensure that the above changes are reflected in your records. If you have any questions or require further assistance, do not hesitate to reach out.

Thank you for your attention to this matter.

Sincerely,

[Your Name]  
[Your Job Title]  
[Your Company Name]