

# Vendor Expense Reimbursement Confirmation

Date: [Insert Date]

To,

[Vendor Name]

[Vendor Address]

[City, State, Zip Code]

Dear [Vendor Name],

We are pleased to confirm the receipt of your expense reimbursement request submitted on [Insert Submission Date]. After thorough review, we are approving the reimbursement for the following expenses:

- **Description of Expense 1:** [Insert Description]
- **Amount:** [Insert Amount]
- **Description of Expense 2:** [Insert Description]
- **Amount:** [Insert Amount]

The total reimbursement amount of [**Total Amount**] will be processed within [Insert Processing Time] and credited to your account.

If you have any questions or need further assistance, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your continued partnership.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email]