

Request for Modified Billing Invoice

Date: [Insert Date]

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

[Recipient Name]
[Recipient Position]
[Recipient Company]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to kindly request a modified billing invoice for [describe the service/product] provided on [insert date]. We have identified a discrepancy in the original invoice number [insert invoice number] which we would appreciate your assistance in addressing.

To ensure the accuracy of our records, we would like to request the following modifications:

- [Modification 1]
- [Modification 2]
- [Modification 3]

We appreciate your attention to this matter and look forward to receiving the revised invoice at your earliest convenience. If you have any questions or require further information, please do not hesitate to reach out.

Thank you for your prompt consideration.

Sincerely,

[Your Name]
[Your Position]