

Letter of Concern Regarding Partial Payment

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 express our concern regarding the partial payment received for invoice #[Invoice Number] dated [Invoice Date], which amounted to [Total Amount Due]. As of today, the outstanding balance is [Outstanding Amount].

As per our agreement, we anticipated receiving the full payment by [Due Date]. We understand that there may be unforeseen circumstances; however, timely payment is crucial for the smooth operation of our business.

We kindly request that the outstanding amount be settled at your earliest convenience. Should you require any further information or if there are issues you would like to discuss, please feel free to reach out to me directly.

Thank you for your immediate attention to this matter. We value our relationship and look forward to resolving this issue promptly.

Sincerely,

[Your Name]
[Your Position]
[Your Company]