

Request for Duplicate Payment Receipt

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request a duplicate payment receipt for a payment made on [Insert Payment Date] for the sum of [Insert Amount]. The receipt number is [Insert Receipt Number].

Unfortunately, I seem to have misplaced the original receipt and require a duplicate for my records. I would greatly appreciate your assistance in this matter.

Thank you for your attention to this request. If you need any further information, please do not hesitate to contact me.

Sincerely,

[Your Name]