

Payment Reconciliation Documentation Request

Date: [Insert Date]

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

Dear [Recipient's Name],

As part of our ongoing audit process, we are conducting a payment reconciliation to ensure the accuracy and completeness of our financial records. We kindly request your assistance in providing the following documentation:

- Payment records from [start date] to [end date]
- Supporting invoices and receipts for the payments
- Any relevant contracts or agreements

We appreciate your prompt attention to this request, and we would like to receive the requested documentation by [insert deadline]. Should you have any questions or require further clarification, please do not hesitate to contact us at [Your Phone Number] or [Your Email Address].

Thank you for your cooperation.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]
[Your Company Address]
[City, State, Zip Code]