

# Payment Request for Social Service Agency Services

Date: [Insert Date]

[Your Name]

[Your Title]

[Agency Name]

[Agency Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Recipient's Agency Name]

[Recipient's Agency Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are writing to formally request payment for services rendered by [Agency Name] on behalf of the clients we serve. The services provided include [brief description of services] during the period of [start date] to [end date].

The total amount due for these services is [insert amount]. Please find attached the detailed invoice for your reference.

We appreciate your prompt attention to this matter and look forward to your cooperation in processing this payment at your earliest convenience. If you have any questions or require further information, please feel free to contact me at [your phone number] or [your email address].

Thank you for your attention to this request.

Sincerely,

[Your Name]

[Your Title]

[Agency Name]