

Request for Reimbursement

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 am writing to formally request reimbursement for discrepancies found in my recent billing statement dated [Insert Billing Date]. Upon reviewing the charges, I noticed several inconsistencies that do not align with the services I received.

Here are the details of the discrepancies:

- Service/Product Description: [Insert Description] - Charged Amount: [Insert Amount]
- Service/Product Description: [Insert Description] - Charged Amount: [Insert Amount]
- Service/Product Description: [Insert Description] - Charged Amount: [Insert Amount]

According to my records, I should only be charged a total of [Insert Correct Amount], and thus, I am requesting a reimbursement of [Insert Reimbursement Amount]. I have attached all relevant documents, including my original billing statement and any supporting documents for your review.

Please let me know if you require any further information or documentation to process my request. I appreciate your prompt attention to this matter and look forward to your reply.

Thank you for your assistance.

Sincerely,

[Your Name]