

# Duplicate Bill Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to request a duplicate copy of a bill for our records as part of our financial audit process. The details of the original bill are as follows:

- Account Number: [Insert Account Number]
- Billing Period: [Insert Billing Period]
- Invoice Number: [Insert Invoice Number]
- Amount Due: [Insert Amount Due]

Please send the duplicate bill to the address listed above or to my email address if possible.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company Name]