

Request for Duplicate Bill

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to request a duplicate copy of my bill for [specify service or product] dated [specify date of the original bill]. Unfortunately, I am unable to locate the original document and require a duplicate for reimbursement purposes.

My account number is [insert account number], and the total amount of the bill was [insert amount]. I would appreciate it if you could send the duplicate bill to my address mentioned above or via email to [your email address].

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]