

Accounts Receivable Reconciliation Request

Date: [Insert Date]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Recipient Name]

[Recipient Company Name]

[Recipient Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

We hope this message finds you well. Our records indicate that there may be discrepancies in the accounts receivable balances between our two companies. In order to ensure that our accounts are in alignment, we kindly request your assistance in conducting a reconciliation for the period of [Insert Period].

Please find attached our detailed statement for your review. We would appreciate it if you could confirm the following details:

- Outstanding invoices and amounts
- Payment terms and dates
- Any credits or adjustments that may apply

We value our partnership and appreciate your prompt attention to this matter. Please let us know a suitable time for a discussion, or feel free to reach out directly via phone or email.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Job Title]

[Your Company Name]

[Your Contact Information]