

# Reimbursement Adjustment Request

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an adjustment to my reimbursement claim submitted on [date of original claim]. It has come to my attention that there were incorrect charges that resulted in an inaccurate reimbursement amount.

The specific charges in question are:

- Charge Description 1 - [Amount]
- Charge Description 2 - [Amount]
- Charge Description 3 - [Amount]

According to my records, the correct amounts should be:

- Charge Description 1 - [Correct Amount]
- Charge Description 2 - [Correct Amount]
- Charge Description 3 - [Correct Amount]

Attached are copies of all relevant receipts and documentation supporting my claim for the adjustment. I would appreciate your prompt attention to this matter and look forward to your response.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Job Title, if applicable]