

Vendor Payment Reconciliation

Date: [Insert Date]

[Vendor Name]
[Vendor Address]
[City, State, Zip Code]

Dear [Vendor Contact Name],

We are writing to you regarding the payment reconciliation process for the contract dated [Insert Contract Date] between [Your Company Name] and [Vendor Name].

As part of our compliance procedures, we have conducted a review of all payments made under this contract. Below, you will find a summary of the payments processed as well as discrepancies that need to be addressed:

Payment Summary

Invoice Number	Invoice Date	Amount Due	Amount Paid	Status
[Invoice #1]	[Date]	[Amount]	[Amount]	[Status]
[Invoice #2]	[Date]	[Amount]	[Amount]	[Status]

We kindly ask that you review this information and provide us with any necessary documentation or clarifications regarding outstanding discrepancies by [Insert Deadline Date].

If you have any questions, please do not hesitate to contact us at [Your Contact Information]. We appreciate your cooperation in this matter.

Thank you for your prompt attention.

Sincerely,

[Your Name]
[Your Position]
[Your Company Name]
[Your Company Address]
[Your Phone Number]