

Vendor Payment Reconciliation

Date: [Insert Date]

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

Dear [Vendor Contact Name],

Subject: Vendor Payment Reconciliation for Interim Financial Audit

As part of our interim financial audit, we are conducting a reconciliation of vendor payments made to your company during the period from [Start Date] to [End Date]. To ensure accuracy in our records, we kindly request your assistance in confirming the following payment details:

Invoice Number	Date of Payment	Amount Paid	Payment Method
[Invoice 1]	[Payment Date 1]	[Amount 1]	[Method 1]
[Invoice 2]	[Payment Date 2]	[Amount 2]	[Method 2]

Please verify the above details and confirm if they match your records by [Response Deadline Date]. If there are any discrepancies, kindly provide the correct information.

Your cooperation is greatly appreciated as it helps us maintain accurate financial records and facilitate the audit process.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Position]
[Your Company]
[Your Contact Information]