Vendor Payment Reconciliation

Date: [Insert Date]				
[Vendor Name]				
[Vendor Address]				
[City, State, Zip Co	ode]			
Dear [Vendor Con	tact Name],			
-	•		-	e overdue payments related to t the following payments are
Invoice Number	Invoice Date	Amount Due	Due Date	
[Invoice #1]	[Invoice Date #1]	[Amount #1]	[Due Date #1]	
[Invoice #2]	[Invoice Date #2]	[Amount #2]	[Due Date #2]	
We kindly request your assistance in reconciling these overdue payments. Please review your records and confirm if the listed invoices are correct. If there are discrepancies, do not hesitate to reach out to us. We value our partnership and appreciate your prompt attention to this matter. Please let us known				
how we can assist	in expediting these	e payments.		
Thank you for your cooperation.				
Sincerely,				
[Your Name]				
[Your Position]				
[Your Company Name]				
[Your Company A	ddress]			
[City, State, Zip Code]				
[Your Contact Information]				