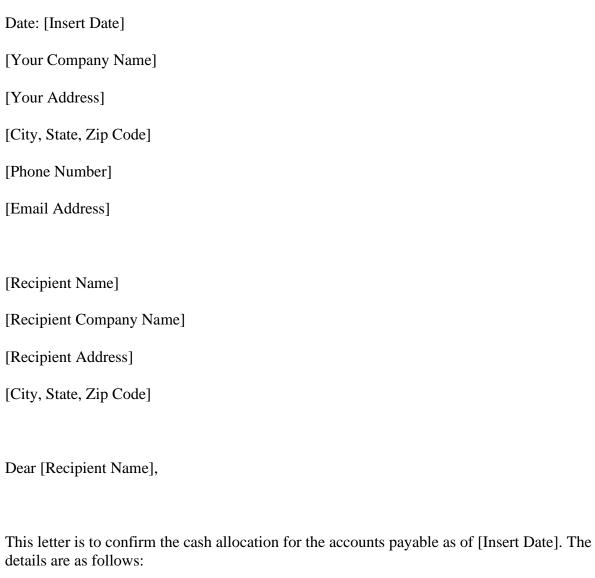
Accounts Payable Cash Allocation Confirmation



|--|--|

Invoice Number	Amount	Payment Date
[Invoice #1]	\$[Amount]	[Payment Date]
[Invoice #2]	\$[Amount]	[Payment Date]

Please review the information above and confirm its accuracy. If you have any questions or discrepancies, do not hesitate to contact us at your earliest convenience.

Thank you for your attention to this matter.
Sincerely,
[Your Name]
[Your Position]
[Your Company Name]