

Payment Reconciliation Request

Date: [Insert Date]

[Client's Name]

[Client's Company Name]

[Client's Address]

[City, State, Zip Code]

Dear [Client's Name],

We hope this message finds you well. We are writing to request a reconciliation of our payment records for the period of [insert date range].

Our records indicate that we have not received payment for the following invoices:

- Invoice #[Invoice Number 1] - Date: [Date] - Amount: [Amount]
- Invoice #[Invoice Number 2] - Date: [Date] - Amount: [Amount]
- Invoice #[Invoice Number 3] - Date: [Date] - Amount: [Amount]

We kindly ask you to review your records and confirm the status of these payments at your earliest convenience. If these payments have already been processed, we would appreciate a copy of the transaction details to help us update our records accordingly.

Thank you for your attention to this matter. We look forward to your prompt response.

Best regards,

[Your Name]

[Your Position]

[Your Company Name]

[Your Company Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]