

Request for Duplicate Invoice Adjustment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally appeal for an adjustment concerning the duplicate invoice issued to me, with the invoice number [Insert Invoice Number] dated [Insert Invoice Date].

Upon reviewing my accounts, I noticed that the same invoice was generated twice, leading to confusion regarding the charges applied. On [Date of Receipt], I received two identical invoices which caused an oversight in my payment records.

To ensure clarity in our financial transactions and to prevent any future discrepancies, I kindly request that you review this matter at your earliest convenience and issue a correction. I appreciate your prompt attention to this issue and any assistance you can provide.

Please feel free to contact me via email or phone if you require any further information or clarification regarding this matter.

Thank you for your understanding and support.

Sincerely,

[Your Name]