

Invoice Duplication Cancellation Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request the cancellation of the duplication of invoice #[Invoice Number], dated [Invoice Date].

Upon reviewing my accounts, I noticed that this invoice was generated in error, and I would like to have it canceled to avoid any confusion or discrepancies in my records.

Please confirm the cancellation of this invoice at your earliest convenience. Should you require any further information to process this request, feel free to contact me.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Position, if applicable]

[Your Company Name, if applicable]