

Request to Void Duplicate Invoice

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[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 voiding of a duplicate invoice issued to my account. The details of the invoice are as follows:

Invoice Number: [Insert Invoice Number]

Invoice Date: [Insert Invoice Date]

Amount: [Insert Invoice Amount]

Upon review, I noticed that this invoice was issued in error and duplicates an earlier invoice. I kindly ask that you process the void for this duplicate invoice at your earliest convenience.

Thank you for your attention to this matter. Please confirm once the adjustment has been made.

Sincerely,

[Your Name]