[DATE]

Contact Name

Address

Address2

City,

State/Province

Zip/Postal Code

**RE: REQUEST FOR VERIFICATION OF RECEIVABLE DURING AUDIT**

Dear [CONTACT NAME],

In connection with an audit of our financial statements by [NAME OF ACCOUNTING COMPANY], Certified Public Accountants, [ADDRESS], [CITY], [STATE/PROVINCE], [ZIP/POSTAL CODE] we would appreciate if you would indicate the correctness of the following information.

Our records show that, at the close of business on [DATE], the amount payable on your account was [AMOUNT].

If this amount agrees with your records, please sign in the space below. If it does not agree, do **not** sign below but explain and sign on the reverse side. Please return this form directly to our accountants in the enclosed envelope.

Kind Regards,

[YOUR NAME]

[YOUR TITLE]

[YOUR PHONE NUMBER]

[YOUREMAIL@YOURCOMPANY.COM]