

June 29, 2023

Contact Name
Address
Address2
City, State/Province
Zip/Postal Code

OBJECT: REQUEST FOR VERIFICATION OF RECEIVABLE DURING AUDIT

Dear [CONTACT NAME],

In connection with an examination of our financial statements by [NAME OF ACCOUNTING FIRM],
Certified
Public Accountants, [ADDRESS], [CITY], [STATE], [ZIP] we will appreciate it if you will indicate the
correctness of the following information.

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

Please sign the confirmation form in the space provided below if this amount agrees with your records. 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.

Sincerely,

Your name
Your title
(800) 123-4567
youremail@yourcompany.com