

Date: [Insert Date]

To: [Insert Financial Institution/Funder Name]

Address: [Insert Address]

Contact Person: [Insert Contact Name]

Subject: Audit Confirmation Request - Supply Chain Financing

Dear [Insert Name],

In connection with the audit of our financial statements for the period ended [Insert Balance Sheet Date], please provide our auditors, [Insert Audit Firm Name], with the following information regarding our Supply Chain Financing (SCF) arrangements as of the close of business on that date.

Please provide details for the following:

- **Outstanding Payables:** Total amount of invoices approved and assigned to your institution for payment.
- **Maturity Dates:** A schedule of payment dates for the outstanding amounts.
- **Discounting Rates:** Details of the interest rates, discount fees, or service charges applied to the program.
- **Collateral/Security:** Any assets or guarantees held as security for these obligations.
- **Unused Credit:** The total limit of the SCF facility and the available (unused) portion.

Please send the information directly to our auditors at the following address:

[Insert Audit Firm Name]

[Insert Auditor Address]

[Insert Auditor Email Address]

If there are no outstanding balances or active facilities as of the date mentioned, please state "None."

Sincerely,

Authorized Signature: _____

Name: [Insert Name]

Title: [Insert Title]

Company Name: [Insert Company Name]