[Your Company Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Customer/Vendor Name]
[Recipient Address]
[City, State, Zip Code]

Subject: Partial Verification of Account Balance

Dear [Contact Person Name],

In connection with the routine audit of our financial records, please verify the accuracy of the balance(s) for the specific transaction(s) or account segment(s) listed below as of [Date].

Account/Reference Number: [Enter Number]
Specific Invoice/Transaction: [Enter Description]
Partial Balance Due: $[Enter Amount]

Please compare the information above with your records. If the amount is correct, please sign in the space provided below. If the amount is incorrect, please provide details regarding the discrepancy.

This request is for a specific portion of your account and may not represent your total outstanding balance.

Sincerely,

[Your Name]
[Your Title]

Verification Statement:

The partial balance listed above is correct: [ ]
The partial balance listed above is incorrect: [ ] (Please attach details)

Signature: _____
Date: _____
Title: _____