Date: [Insert Date]

To: [Recipient Name]
[Recipient Department]
[Company Name]

Subject: Please Review the Attached Copy of the Original Billing Document

Dear [Recipient Name],

Please find attached a copy of the original billing document for [Invoice Number/Account Number].

We kindly request that you review this document to ensure that all details, including services rendered, quantities, and pricing, align with your records. This copy is provided for your verification and for your internal filing purposes.

If you identify any discrepancies or have any questions regarding the charges listed, please contact our billing department at [Phone Number] or [Email Address] by [Insert Date].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]
[Your Title]
[Your Company Name]