[Your Name]
[Your Title/Department]
[Your Organization]
[Your Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Recipient Title]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

RE: Request for Reimbursement of Record Duplication Costs

Dear [Recipient Name],

I am writing to formally request reimbursement for costs incurred during the duplication of records related to [Project Name/Case Number/Reference].

In accordance with our prior agreement dated [Date], our office has fulfilled the request to provide copies of [Description of Records]. The total cost for these services is $[Amount].

The breakdown of charges is as follows:

- Number of Pages: [Number]
- Cost per Page: $[Amount]
- Labor/Processing Fees: $[Amount]
- Postage/Shipping: $[Amount]

Please find the itemized invoice and supporting receipts attached to this letter. We request that payment be made within [Number] days of receipt of this notice.

Please make checks payable to "[Organization Name]" and mail them to the address listed above. If you prefer to pay via electronic transfer, please contact our billing department at [Phone Number].

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]