

# Accounts Receivable Ledger Report Form

## Company Details

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Report Period: From: \_\_\_\_\_ To: \_\_\_\_\_

## Ledger Report Summary

Total Invoices Issued: \_\_\_\_\_

Total Payments Received: \_\_\_\_\_

Outstanding Balance: \_\_\_\_\_

## Ledger Report Table

Customer Name	Invoice Number	Invoice Date	Amount Due	Payment Received	Remaining Balance	Due Date

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Signature: \_\_\_\_\_