

Accounts Receivable Reconciliation

Ledger Form

Business Information

Company Name: _____

Address: _____

Contact Number: _____

Email Address: _____

Reconciliation Details

Customer Name: _____

Customer ID: _____

Reconciliation Period: From: _____ To: _____

Reconciliation Table

Invoice Number	Date Issued	Amount Due	Amount Paid	Balance Remaining	Reconciled (✓)

Discrepancy Notes

Highlight any discrepancies or unresolved amounts.

Reconciled By: _____

Date: _____

Authorized By: _____

Signature: _____