

Accounts Receivable Sales Ledger Form

Business Information

Company Name: _____

Address: _____

Contact Number: _____

Email Address: _____

Ledger Details

Customer Name: _____

Customer ID: _____

Transaction Period: From: _____ To: _____

Sales Transaction Table

| Invoice Number | Date of Sale | Amount Due | Payment Received | Balance Remaining | Due Date |
|----------------|--------------|------------|------------------|-------------------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

Comments or Notes

Provide any additional information related to the transactions.

Prepared By: _____

Date: _____

Authorized By: _____

Signature: _____