

Statement of Payment Reconciliation

| | | | |
|----------------|----------------------|--------------|----------------------|
| Statement No.: | <input type="text"/> | Date: | <input type="text"/> |
| Prepared By: | <input type="text"/> | Reviewed By: | <input type="text"/> |
| Company Name: | <input type="text"/> | | |

| Invoice No. | Invoice Date | Amount Billed | Payments Made | Outstanding Balance |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|----------------------------|----------------------|
| Total Amount Billed: | <input type="text"/> |
| Total Payments: | <input type="text"/> |
| Total Outstanding Balance: | <input type="text"/> |

Remarks / Notes: