

Monthly Accrued Income Report

Period Ending:

Report Date:

Prepared By:

Approved By:

ACCRUAL DATE	CLIENT / CUSTOMER	DESCRIPTION OF SERVICES/GOODS	ACCOUNT CODE	EST. BILLING DATE	AMOUNT

Subtotal	
Adjustments	
Total Accrued Income	

Prepared By (Signature & Date)

Authorized Approval (Signature & Date)