ACCRUED REVENUE TRACKING LEDGER

Receivables & Billing Reconciliation

ENTITY / COMPANY NAME _____

REPORTING PERIOD _____

LEDGER ACCOUNT CODE _____

LAST UPDATED DATE _____

DATE ACCRUED	REF NO.	CLIENT / CUSTOMER	DESCRIPTION OF SERVICE / DELIVERABLES	ACCRUED AMOUNT	BILLED AMOUNT	UNBILLED BALANCE	BILLING STATUS
			Total				

_____
PREPARED BY

_____
REVIEWED BY

_____
APPROVED BY