PURCHASE STATEMENT

Statement Date:
Period: to
Account Number:

VENDOR / SUPPLIER

Company:
Contact Name:
Address:
Phone:
Email:

BILL TO / BUYER

Company:
Department:
Address:
Phone:
Email:

OPENING BALANCE
TOTAL PURCHASES
TOTAL PAYMENTS
TOTAL ADJUSTMENTS
CLOSING BALANCE

DATE	REFERENCE / PO	DESCRIPTION	DEBIT (PURCHASES)	CREDIT (PAYMENTS)	BALANCE

DATE	REFERENCE / PO	DESCRIPTION	DEBIT (PURCHASES)	CREDIT (PAYMENTS)	BALANCE

Prepared By

Authorized Signature