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# ACCRUED INCOME STATEMENT

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## CUSTOMER / CLIENT INFORMATION

Account Name:

Billing Address:

Contact Person:

Customer ID:

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## STATEMENT DETAILS

Statement Date:

Statement Number:

Reporting Period:

Payment Terms:

DATE	DESCRIPTION / REVENUE SOURCE	ACCRUED AMOUNT	BILLED / RECEIVED	OUTSTANDING BALANCE

<b>Total Accrued Income:</b>	
<b>Less: Total Invoiced/Received:</b>	
<b>Net Accrued Balance:</b>	

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PREPARED BY

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AUTHORIZED SIGNATURE