INSURANCE PAYABLE ACCOUNTS RECONCILIATION LEDGER

Monthly Reconciliation & Statement of Account

Company Name:

Reconciliation Period:

GL Account Code:

Preparation Date:

Carrier / Provider:

Policy Number Reference:

BEGINNING BALANCE
TOTAL PREMIUMS INCURRED
TOTAL PAYMENTS / DEBITS
ENDING OUTSTANDING BALANCE

POSTING DATE	INVOICE / REF NO.	POLICY NUMBER	DESCRIPTION / COVERAGE PERIOD	CHARGES (CREDITS)	PAYMENTS (DEBITS)	ADJUSTMENTS	ENDING BALANCE
			Total Ledger Balances				

Reconciliation Adjustments & Explanation of Discrepancies

ADJUSTMENT DATE	REFERENCE ID	REASON FOR VARIANCE / CORRECTION DETAIL	ADJUSTMENT AMOUNT

Notes / Comments

Prepared By (Signature)

Date: _____

Reviewed By (Signature)

Date: _____

Authorized Approval (Signature)

Date: _____