

**ACCRUED REVENUE
STATEMENT**

Statement Date: _____

Statement No: _____

Reporting Period: _____

Prepared By: _____

Date Accrued	Customer / Client Name	Contract / Ref No.	Description of Services/Goods Provided	Expected Billing Date	Amount
Total Accrued Revenue:					

Prepared By (Signature)
Name: _____
Title: _____
Date: _____

Approved By (Signature)
Name: _____
Title: _____
Date: _____