End of Month Clearing Account Activity Report

Entity Name:
Report Period Ending:
Clearing Account Name:
Account Number:
Financial Institution:
Currency:

ACCOUNT SUMMARY

Beginning Balance

Total Debits (+)

Total Credits (-)

Ending Balance

CLEARING ACTIVITY DETAIL

DATE	REFERENCE NO.	TRANSACTION DESCRIPTION / ORIGINATOR	DEBIT (+)	CREDIT (-)	BALANCE

OUTSTANDING / UNRESOLVED ITEMS

POSTING DATE	SOURCE JOURNAL / ID	REASON FOR NON-CLEARANCE / ACTION REQUIRED	AMOUNT

POSTING DATE	SOURCE JOURNAL / ID	REASON FOR NON-CLEARANCE / ACTION REQUIRED	AMOUNT

Prepared By (Signature / Date)

Name/Title: _____

Reviewed & Approved By (Signature / Date)

Name/Title: _____