

EXPENSE ACCOUNT RECONCILIATION STATEMENT

COMPANY NAME: _____ **STATEMENT PERIOD:** _____
ACCOUNT NAME: _____ **RECONCILIATION DATE:** _____
ACCOUNT NUMBER: _____ **PREPARED BY:** _____

RECONCILIATION SUMMARY	
Starting General Ledger Balance	
(+) Total Recorded Expenses / Debits	
(-) Total Payments / Credits / Adjustments	
Ending General Ledger Balance	
(-) Ending Bank / Statement Balance	
Unreconciled Difference	

DATE	REFERENCE / DOC ID	DESCRIPTION / PAYEE	DEBIT (+)	CREDIT (-)	✓
Totals					

PREPARER SIGNATURE
 Date: _____

APPROVER SIGNATURE
 Date: _____