My Department Stores
Accounts Receivable Schedule



Last updated by (Name)	
Date:	

Accounts Receivable Schedule

Customer Name	Customer Number	Total Credits

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My Department Stores
Accounts Receivable Schedule



Accounts Receivable Journal

Accounts Receivable Journal									
Date	**Customer Name**	**Customer Number**	**Reference**	**Due Date**	**Authorising Person**	**Invoice Amount**	**Debit**	**Credit**	**Balance**
BALANCE									

Total Unpaid Invoices:	

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