My Department Stores
Creditor Payment Statement Reconciliation Report



Creditor Payment Statement Reconciliation Report

Completed by (Name)	
Date:	

Creditor Name	**Creditor Number**

Payment Summary					
Date	**Details**	**Invoice Amount**	**Receipt Amount**	**Reconciled**	**Inv./Rec. Number**
				☐ Yes ☐ No	_____
				☐ Yes ☐ No	_____
				☐ Yes ☐ No	_____
				☐ Yes ☐ No	_____
				☐ Yes ☐ No	_____
				☐ Yes ☐ No	_____
				☐ Yes ☐ No	_____
				☐ Yes ☐ No	_____
				☐ Yes ☐ No	_____

Reconciliation Issues

Errors/discrepancies identified

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Transaction	Source Documentation Checked	Correction Required	Completed
	☐ Yes Name: _____		☐ Yes Date: _____
	☐ Yes Name: _____		☐ Yes Date: _____

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