

# Supplier Statement Form

**Supplier Name:** Acme Supplies Ltd.

**Supplier Address:** 101 Commerce Rd, Cityville, Country

**Contact Person:** Jane Smith

**Contact Email:** jane.smith@acmesupplies.com

**Statement Period:** 2024-05-01 to 2024-06-30

**Statement Date:** 2024-06-30

**Supplier Reference #:** ACME-STAT-0756

| Date          | Invoice #       | Purchase Order | Description                 | Invoice Amount    | Amount Paid       | Outstanding       |
|---------------|-----------------|----------------|-----------------------------|-------------------|-------------------|-------------------|
| 2024-05-02    | INV-20240502-03 | PO-1142        | Office Supplies - May order | \$1,200.00        | \$1,200.00        | \$0.00            |
| 2024-05-15    | INV-20240515-10 | PO-1158        | Printer Cartridges          | \$520.00          | \$520.00          | \$0.00            |
| 2024-05-29    | INV-20240529-21 | PO-1165        | Breakroom Supplies          | \$350.00          | \$200.00          | \$150.00          |
| 2024-06-10    | INV-20240610-08 | PO-1183        | Paper (Bulk Order)          | \$950.00          | \$350.00          | \$600.00          |
| 2024-06-24    | INV-20240624-11 | PO-1200        | Binders and Folders         | \$400.00          | \$0.00            | \$400.00          |
| <b>Totals</b> |                 |                |                             | <b>\$3,420.00</b> | <b>\$2,270.00</b> | <b>\$1,150.00</b> |

**Notes:**

Please review all outstanding balances and make remittance by the payment terms agreed. If there are discrepancies or questions regarding any invoice, kindly contact our accounts department at [jane.smith@acmesupplies.com](mailto:jane.smith@acmesupplies.com).

*Statement generated automatically; signature not required.*