

Supplier Outstanding Balance Statement

Date: _____

Supplier Name: _____

Supplier Address: _____

Contact: _____

| Invoice Date | Invoice Number | Description | Invoice Amount | Payments Made | Outstanding Balance | Due Date |
|---------------------------|----------------|-------------------------|----------------|---------------|---------------------|------------|
| 2024-05-05 | INV12345 | Supply of office chairs | \$1,200.00 | \$800.00 | \$400.00 | 2024-06-05 |
| 2024-06-01 | INV12346 | Delivery of desks | \$2,500.00 | \$0.00 | \$2,500.00 | 2024-07-01 |
| 2024-06-10 | INV12347 | Stationery | \$600.00 | \$300.00 | \$300.00 | 2024-07-10 |
| Total Outstanding Balance | | | | | \$3,200.00 | |

Note: Please refer to this statement for updates on your account. If there are discrepancies, contact our finance department within 7 days.

This form template helps businesses manage and reconcile their payables, ensures accurate records, and improves communication with suppliers.