

Reconciliation Statement

Company Name:

Address:

Phone No.:

Email ID:

GSTIN No.:

Branch Name if any:

Created at:

Time Period:

(all amounts are in Rs.)

| Particulars | Amount | Amount |
|------------------------------------|--------|--------|
| Profit as per cost Accounts | -- | |

| | | |
|--|--|--|
| Over-absorption of overheads in cost accounts | | |
| Items credited in financial accounts only | | |
| Overvaluation of opening stock in cost accounts | | |
| Undervaluation of closing stock in cost accounts | | |

| | | |
|--|--|--|
| Underabsorption of overheads in cost accounts | | |
| Items debited in financial accounts only | | |
| Undervaluation of opening stock in cost accounts | | |
| overvaluation of closing stock in cost accounts | | |

| | | |
|---|----|--|
| Profit as per Financial accounts | -- | |
|---|----|--|