

**TRUST ACCOUNT  
STATEMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trust Account: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Property: \_\_\_\_\_  
ABN/Licence: \_\_\_\_\_

Statement No: \_\_\_\_\_  
Date: \_\_\_\_\_  
Period From: \_\_\_\_\_  
Period To: \_\_\_\_\_

Opening Balance	Total Receipts (+)	Total Payments (-)	Closing Balance

DATE	REF/CHQ NO.	DESCRIPTION / PARTICULARS	RECEIPT (\$)	PAYMENT (\$)	BALANCE (\$)

*This statement is prepared in accordance with the relevant legislative requirements governing Real Estate Trust Accounts.*

Prepared By: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_