

Trustee's Accounting Report



Re: _____ Case Number _____

Address _____

Please return to _____ by _____
Worker Region Phone number Date

If client's address is changed from that shown above, please give new address.

1. Previous balance (at time of last report) \$ _____

2. Cheques received, from date _____ / _____ / _____ to date _____ / _____ / _____ \$ _____
Year Month Day Year Month Day

Number of cheques _____

3. Expenditures on clients behalf

A Shelter or board and room \$ _____

B Groceries \$ _____

C Clothing \$ _____

D Utilities \$ _____

E Other (Specify) _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Expenditure total \$ _____

4. Balance, in cash or bank (number 1 + 2 - 3 must = number 4) \$ _____

I certify that to the best of my knowledge, the above statements are true and complete.

Date _____ / _____ / _____
Year Month Day

Trustee

Address