

TRUST ACCOUNT AUDIT QUOTE FORM



Company _____
Contact _____
Address _____
Phone Number _____ Fax Number _____
Email _____

Please attach a copy of last year's audit report.

A. GENERAL DETAILS

A1 How do you maintain your trust account records?

A2 If a computer software system is used, what is it?

A3 How many trust accounts do you maintain? What for?

<u>Account</u>	<u>Purpose</u>
1. _____	_____
2. _____	_____
3. _____	_____

A4 How do you file and retain trust account records for the immediate prior and current year?

Are these records easily accessed? Yes/No

A5 How often do you reconcile the trust account to the bank statements?

A6 Do you invest funds held in trust on behalf of clients? Yes/No

A7 Which act/legislation sets out the rules for the maintenance of your trust account?

A8 What is your licence number? _____

B RECEIPTS

B1 Do you write receipts as required? Yes/No

B2 Do you retain copies of trust account receipts? Yes/No

B3 Number of receipts written _____

C PAYMENTS

C1 Do you retain copies of all invoices/payments made from trust funds? Yes/No

C2 Do you pay amounts by EFT as well as cheque? Yes/No

C3 Number of cheques/EFTs written
