CLIENT LEDGER CARD

NAME:_____ **MATTER:**_____ **FILE NO.** _____

ADDRESS:_____ **PHONE:**_____ **ATTORNEY:** _____

DATE	NAME	MEMO	CK. NO.	FEES			COSTS ADVANCED			TRUST		
				Charged	Received	AR Bal.	Advanced	Received	Balance	Disbursed	Received	Balance

PROVIDED AS A COURTESY BY THE OREGON STATE BAR PROFESSIONAL LIABILIITY FUND

TRUST ACCOUNT
RECEIPTS AND DISBURSEMENTS JOURNAL

DATE	MATTER/CLIENT REFERENCE	RECEIPTS	DISBURSEMENTS	BALANCE

[10 Jan 11 Rev 3/99]
(CLIENT LEDGER CARD AND TRUST JOURNAL.DOC)

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