



CHARTERED ACCOUNTANT

Business Focused Solutions

**A.B.N. 16 230 504 491
 PO Box 354, ASPLEY QLD 4034
 Phone (07) 3263 5200 Fax (07) 3263 4830**

Lyn Messina
 A & L Messina Superannuation Fund
 PO Box 231
 ASPLEY QLD 4034

Statement

 Ref: ALME0001
 As at 30 June, 2020

Date	Description	Debit	Credit
02/07/2019	Invoice 202700 Issued	27.00	
10/07/2019	Invoice 202722 Issued	2,365.00	
15/07/2019	Receipt 049427 Applied Against Invoice 202700		27.00
02/08/2019	Invoice 203076 Issued	27.00	
19/08/2019	Receipt 049963 Applied Against Invoice 203076		27.00
26/08/2019	Receipt 050060 Applied Against Invoice 202722		2,365.00
02/09/2019	Invoice 203474 Issued	27.00	
13/09/2019	Receipt 050276 Applied Against Invoice 203474		27.00
03/10/2019	Invoice 203792 Issued	27.00	
11/11/2019	Invoice 204119 Issued	27.00	
26/11/2019	Receipt 050867 Applied Against Invoice 204119		27.00
02/12/2019	Invoice 204278 Issued	54.00	
05/02/2020	Invoice 204572 Issued	1,870.00	
06/02/2020	Invoice 204579 Issued	27.00	
05/03/2020	Invoice 204745 Issued	27.00	
08/04/2020	Invoice 204907 Issued	27.00	
14/04/2020	Receipt 051526 Applied Against Invoice 204572		1,870.00
14/04/2020	Receipt 051526 Applied Against Invoice 204579		27.00
13/05/2020	Invoice 205113 Issued	27.00	
05/06/2020	Invoice 205245 Issued	27.00	

Date	Description	Debit	Credit		
23/06/2020	Receipt 051920 Applied Against Invoice 203792		27.00		
23/06/2020	Receipt 051920 Applied Against Invoice 204278		54.00		
23/06/2020	Receipt 051920 Applied Against Invoice 204745		27.00		
23/06/2020	Receipt 051920 Applied Against Invoice 204907		27.00		
23/06/2020	Receipt 051920 Applied Against Invoice 205113		27.00		
23/06/2020	Receipt 051920 Applied Against Invoice 205245		27.00		
120+ Days 0.00	90 Days 0.00	60 Days 0.00	30 Days 0.00	Current 0.00	Amount Due:
Terms: Strictly Fourteen Days					

Please detach the portion below and forward with your payment

Remittance Advice					
A & L Messina Superannuation Fund					Ref: ALME0001 As at 30 June, 2020
Cheque	Mastercard	Visa	Amount Due:		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Cardholder	Signature	Expiry Date			