WI name Charity number (if registered) Federation FINANCIAL STATEMENT For the period						the	NG WOMEN
		from to		to	inor inii	NG WUNIEN	
Sec	tion A		-		Payments		
<b>A</b> 1	Receipts	Total £	Last year	<b>A2</b>	Payments	Total £	Last year £
	Receipts at meetings				Meeting expenses		
ĺ	Subscriptions (WI share)				Committee Members' expenses		
ĺ	Gift Aid				Pooling of fares / expenses		
İ	Publications				Publications		
	Activities & events				Activities & events		
	WI Fundraising				WI fundraising		
	Interest received Paid into current account Paid into deposit account				Insurance		
	Grants and donations				Donations made		
	Other income				Other payments		
	WI-owned hall - total receipts				WI-owned hall - total payments		
	Total Receipts				Total Payments		
А3	Restricted funds included in total receipts			A4	Restricted funds included in total payments		
	Total Receipts less Total Payn	ments (Sur	plus/Defici	it for	the year)		
<b>A5</b>							
<b>A6</b>	Total cash funds carried forwa						
<b>A7</b>	7 Total restricted funds at year end included in total cash funds above						
(a) to		and girls for th	ne public ben	nefit in	all areas including (without limitation):	• •	

- crafts, home economics, science, health and social welfare;
- (b) to promote sustainable development for the public benefit by: (i) educating people in the preservation, conservation and protection of the environment and the prudent use of natural resources; and (ii) promoting sustainable means of achieving economic growth and regeneration;
- (c) to advance health for the public benefit; and
- (d) to advance citizenship for the public benefit by the promotion of civic responsibility and volunteering.

WI na	ame			
Sect	ion B	Statement of assets and liabilities at t	he year end	
B1	Cash funds		Total £	Last year
B1.1	Final bank balance as per Account	Book, including uncleared items		
B1.2	Reconciliation of final bank balance  Bank statement total at year end  Plus amounts paid in but not cleared  Less cheques written but not cleared  Less any cheques still uncleared from  Total (enter total at B1.1)	n last year		
B1.3	Savings / deposit account balance			
B1.4	Petty cash in hand			
B1.5	Less any funds held as agent for fed yet paid over - enter as a negative amount	deration/NFWI, i.e subscriptions received but not unt		
B1.6	Total cash funds			
B2	Investments (if any)			
В3	Other monetary assets (e.g. a)	ny money owed to the WI)		
B4	Other assets held by the WI e.g. WI owned hall, other equipment		Value (optional)*	Original cost (optional)*
		* cost / value should	only be completed if mea	ningful information is available
B5	Liabilities		Date due	Amount due
	Payments due immediately but not paid	d, or due at a future date, e.g. loans	(optional)*	(optional)*
		* amount / date due shou	ld only be completed if me	eaningful information available
Sign	ed on behalf of all the truste	ees (WI Committee members)		
Signa	ature	Name	Date of approval	
				President
				Treasurer
		Inde	pendent financial exam	iner's initials:

Sec	tion C Notes to the financial	statement		
C1	Funds received and paid as agent  Complete this section with total amounts received and paid over to the federation in the year	Receipts this year £	Payments this year £	Any balance held at year end £
	Federation / NFWI share of subscriptions Federation event bookings by individual members NFWI and / or federation raffle	~		~
	Total			
C2	Details of restricted funds  Complete this section if the WI had any restricted funds during the year	Receipts this year £	Payments this year £	Any balance held at year end £
	Name or description of restricted fund:			
	Total			
C3	Further details of WI activities /fundraising /other Include additional details that would be helpful to WI members the financial statement	Receipts this year	Payments this year	
	Activities & events (description)		£	£
	Total WI activities			
	WI fundraising description)			
	Total WI fundraising			
	Grants & donations			
	Total grants & donations			
	Other income and expenditure			
	Total other income / expanditure			
	Total other income / expenditure			<u> </u>
	Independent financial examiner's initials:			

WI name

## INDEPENDENT FINANCIAL EXAMINER'S REPORT

NDEFENDENT FINANCIAL EX	AWINER 3 REPORT		
To the Trustees of		-	wı
Charity No (if registered)			
I report on the Receipts and Paym WI for the year ended	ents Accounts set out on the	attached Financial Statement pages 1-3	3 for the above named
	e preparation of the accounts	s. The trustees consider that an audit is ct) and that an independent examinatio	
Having satisfied myself that the ch	arity is eligible for independer	nt examination, it is my responsibility to:	
<ul> <li>examine the accounts under se</li> <li>follow the procedures laid down 2011 Act; and</li> <li>state whether particular matters</li> </ul>	in the general Directions give	en by the Charity Commission under se	ction 145(5)(b) of the
includes a review of the accountin records. It also includes considera you as trustees concerning any su	accordance with the general g records kept by the charity a tion of any unusual items or d ch matters. The procedures untly no opinion is given as to a	Directions given by the Charity Commissand a comparison of the accounts preselisclosures in the accounts, and seeking undertaken do not provide all the eviden whether the accounts present a 'true and the accounts a 'true and the accounts a 'true and accounts a 'true accounts	ented with those g explanations from ace that would be
Independent Examiner's Statem In connection with my examination		ttention, (other than disclosed below*):	
1. which gives me reasonable ca	use to believe that, in any ma	terial respect, the requirements:	
3		0 of the Charities Act 2011; and	
<ul> <li>to prepare accounts which a Charities Act</li> </ul>	ccord with the accounting rec	ords and comply with the accounting re	quirements of the
have not been met; or			
<ol><li>to which, in my opinion, attenti reached.</li></ol>	on should be drawn in order to	o enable a proper understanding of the	accounts to be
*Please delete the words in brack	ets if they do not apply.		
Comments:			

Name:	
Address:	

Signed:

Date: