

## Global Aid Care

No (if any)

# **Receipts and payments accounts**

4/1/2022

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Period start date For the period from

То

Period end date
3/31/2023

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#### Section A Receipts and payments Unrestricted Restricted Endowment **Total funds** funds funds funds to the nearest £ to the nearest £ to the nearest £ to the nearest £ A1 Receipts The grant has been designated for payroll 63,678 63,678 -purposes Donations 26,754 -26,754 -------------------Sub total(Gross income for AR) 90,432 90,432 --A2 Asset and investment sales, (see table). --Sub total -**Total receipts** 90,432 90,432 --A3 Payments Salaries & Employers Costs 82,416 82,416 --Other expenses -10,176 -10,176 ------------------

Sub total	-	92,592	-	92,592
A4 Asset and investment purchases, (see table)				
	-	-	-	-
	-	-	-	-
Sub total	-	-	-	-
Total payments	-	92,592	-	92,592
Net of receipts/(payments)	-	- 2,160	-	- 2,160
A5 Transfers between funds	-	-	-	-
A6 Cash funds last year end	-	-	-	-
Cash funds this year end	-	- 2,160	-	- 2,160

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Section B Statement of assets	s and habilities at the end	Unrestricted	• Restricted
Categories	Details	funds	funds
		to nearest £	to nearest £
B1 Cash funds		-	-
		-	-
		-	-
	Total cash funds	-	-
	(agree balances with receipts and payments account(s))	ОК	Agreement Error
		Unrestricted funds	Restricted funds
	Details	to nearest £	to nearest £
B2 Other monetary assets	Details	-	-
be other monetary assets			-
		-	-
		-	-
		-	-
		-	-
		Fund to which	
	Details	asset belongs	Cost (optional)
B3 Investment assets			-
			-
			-
			-
			-
	Details	Fund to which asset belongs	Cost (optional)
B4 Assets retained for the charity's			-
own use			-
			-
			-
			-
			-
			-
			-
			-
	Details	Fund to which liability relates	Amount due (optional)
B5 Liabilities			-
			-
			-
			-
			-
Signed by one or two trustees on behalf of all the trustees	Signature	Print	Name

# CC16a

### Last year

#### to the nearest £

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Endowment funds	t
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to nearest £	
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OK	
Endowment funds	t
to nearest £	

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#### Current value (optional)

(0)000000	
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#### Current value (optional)

(optional)	
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#### When due (optional)

(optional)		

Date of approval