



CHARITY COMMISSION
FOR ENGLAND AND WALES

Charity Name **Woodfield Nest** No (if any) **1203200**

Receipts and payments accounts

CC16a

For the period from **01.09.2023** To **31.08.2024** Period start date **01.09.2023** Period end date **31.08.2024**

Section A Receipts and payments

	Unrestricted funds	Restricted funds	Endowment funds	Total funds	Last year
	to the nearest £	to the nearest £	to the nearest £	to the nearest £	to the nearest £
A1 Receipts					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total (Gross income for AR)	0.00 -	0.00 -	0.00 -	0.00 -	0.00 -
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
	-	-	-	-	-
Sub total	0.00 -	0.00 -	0.00 -	0.00 -	0.00 -
Total receipts	0.00 -	0.00 -	0.00 -	0.00 -	0.00 -
A3 Payments					
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total	0.00 -	0.00 -	0.00 -	0.00 -	0.00 -
A4 Asset and investment purchases. (see table)					
	-	-	-	-	-
	-	-	-	-	-
Sub total	0.00 -	0.00 -	0.00 -	0.00 -	0.00 -
Total payments	0.00 -	0.00 -	0.00 -	0.00 -	0.00 -
Net of receipts/(payments)	0.00 -	0.00 -	0.00 -	0.00 -	0.00 -
A5 Transfers between funds					
	-	-	-	-	-
A6 Cash funds last year end					
Cash funds this year end	0.00 -	0.00 -	0.00 -	0.00 -	0.00 -

Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B1 Cash funds		-	-	-
		-	-	-
		-	-	-
	Total cash funds (agree balances with receipts and payments account(s))	0.00 -	0.00 -	0.00 -
B2 Other monetary assets	Details			
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	0.00 -
B3 Investment assets	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
			-	0.00 -
B4 Assets retained for the charity's own use	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	0.00 -
B5 Liabilities	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
			-	
			-	
			-	
			-	
			-	0.00
Signed by one or two trustees on behalf of all the trustees		Signature	Print Name	Date of approval
		R Austin	Rachel Austin	17.9.2024