



**WSAC**

**Statement of Receipts and Payments for year ended 31<sup>st</sup> December 20\_\_\_\_\_**

**Receipts:**

Balance on hand – 1 <sup>st</sup> January 20_____(This should be the <i>reconciled balance from last year</i> )		
Grant from Headquarters	_____	
Fundraising	_____	
Membership received	_____	
Sale of Equipment	_____	
Cash Sponsorship	_____	
Other Sources – <i>Please list details on page 2.</i>	_____	
<b>Total</b>	_____	_____

**Expenditure:**

<b><i>Paid to Headquarters</i></b>		
– Membership .....	_____	
– Other (Certs etc.) .....	_____	
<b><i>Travel and Subsistence <u>excluding</u> WS Weeks</i></b>		
– Examiners .....	_____	
– Instructors .....	_____	
– Water Safety Weeks T & S .....	_____	
Pool Hire	_____	
Hire of premises (meetings & lectures etc.)	_____	
Purchase of equipment	_____	
Advertising & Publicity	_____	
Competitions	_____	
Secretarial Expenses	_____	
Transport	_____	
Miscellaneous (bank charges etc.) – <i>Please list details on page 2.</i>	_____	
Special Projects* <i>Please list details on separate sheet</i>	_____	
Balance on hand 31 <sup>st</sup> December 20____	_____	_____
<b>Total</b>	_____	_____

Please indicate if a deposit account is held by your WSAC and if so please show reconciled balance at Dec. 31<sup>st</sup>.

**A Deposit account is/is not held.** Balance: € \_\_\_\_\_

Certified to be a true and accurate account: Hon. Treasurer: \_\_\_\_\_

Chairman/Hon. Secretary: \_\_\_\_\_



**Details of receipts from other sources as shown on Statement of Receipts and Payments:**

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**Details of miscellaneous expenditure as shown on Statement of Receipts and Payments:**

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## Budget Surplus Projects

If your Water Safety Area Committee holds a surplus of over €20,000.00 at year-end, then please identify the project(s) these funds will be used for in the table below:

Confirm the amount of Surplus funds for the year 20 is: \_\_\_\_\_

Project(s) planned:	Projected Cost:	Timeframe for Completion:

***Water Safety Area Committees that hold a surplus and do not identify projects for the use of these funds will not be eligible for a grant from Irish Water Safety that year.***



\_\_\_\_\_ **WSAC Bank Reconciliation**

**Balance** in Bank at 31<sup>st</sup> December 20\_\_\_ € \_\_\_\_\_  
(As per certificate)

**Less** Cheques written in the year 20\_\_\_, but not cashed before 31 December 20\_\_\_  
(Will appear in 20\_\_\_ statements)

<u>Cheque No.</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Total uncashed cheques** € \_\_\_\_\_

**Reconciled Balance on hand at 31 December 20\_\_:** € \_\_\_\_\_

Please return this form completed together with Bank Certificates of Balance before 31<sup>st</sup> January.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## \_\_\_\_\_ WSAC Equipment

It is hereby certified that the following items of equipment are in the custody of the \_\_\_\_\_  
Area Water Safety Committee at 31<sup>st</sup> December 20\_\_.

	<b>DETAILS OF EQUIPMENT</b>	<b>VALUE IF KNOWN</b>	<b>SERIAL NO.</b>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## SEAI Monitoring Reporting

**Total Litres p.a.**

**Water Safety Vehicles:**

Diesel/Petrol Litres

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**Water Safety Boats:**

Gas/Diesel Litres

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**Water Safety Premises:**

% of Electricity used for Space Heating

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_



\_\_\_\_\_ **WSAC Programme for 20** \_\_\_\_\_

**1. Travel and Subsistence**

- Examiners
- Instructors
- Competitors

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Pool Hireage**

\_\_\_\_\_

**3. Hire of premises (meetings, film shows, lectures etc.)**

\_\_\_\_\_

**4. Purchase of equipment**

\_\_\_\_\_

**5. Advertising & Publicity**

\_\_\_\_\_

**6. Competitions**

\_\_\_\_\_

**7. Secretarial Expenses**

\_\_\_\_\_

**8. Bank Charges**

\_\_\_\_\_

**9. Miscellaneous (Occasional/Non Repetitive Items)**

\_\_\_\_\_

I certify the above is an accurate assessment of my Committee's requirements for the year 1<sup>st</sup> January to 31<sup>st</sup> December 20\_\_\_\_.

**N.B.** Details of weeks/courses, venues and cost per hour for pool hire should be given in respect of **1** and **2** above.

*I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.*

Signed: \_\_\_\_\_

Date: \_\_\_\_\_