**Society of St. Vincent de Paul Scotland**

**Conference Code:**

**Return for Year End 31st March 2021**

**Annual Financial & Statistics Audit Form**

SSVP Office Bearers are asked to ensure this form is accurately completed and signed.

Following completion liaise with your Diocesan representative by email or telephone (see cover letter).

Audit Form & supporting information to be sent to your Diocesan Representative

By Saturday 8th MAY 2021

Reminder: after agreement with your Diocesan Representative, you will be advised what address

to send your completed Audit form and any supporting information to.

Please do not send this form to the National Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Conference Name: Group:**

**Meetings held every: Week/Two Weeks Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spiritual Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  **Financial Checklist:**1. The opening balance on the return and in the cashbook agrees with the closing  balance on the previous year's return.  2. The closing “Balance at 31st March 2021” on the annual return reconciles with the “Balance on Bank Statement” (or deposit book) after adjustments.  3. Each box in the “Financial Summary” equals the cumulative total in the  corresponding column of the cashbook, and the “TOTAL” of the income and expenditure columns agree. 4. The breakdown of “Income Analysis” and “Expenditure Analysis” are correctly totalled and agree with the respective figure in the “Financial Summary”. 5. The amount of Dues and Twinning is entered correctly. 6. The Diocesan Representative has checked the Bank Statement attached covers  31st March 2021.7. The Diocesan Representative has checked all supporting documents for Legacies and Grants are attached and correct.  |  **Treasurer Checker** **Please Please** **Tick Tick** ******************** ************ |
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**Annual Members’ Data Audit Form is not being completed this year.**

**Please email** **admin@ssvpscotland.com** **with any changes to Membership and Office Bearers, as they occur. Thank You.**

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| --- | --- | --- |
| **For Dio Use:** Date received:Checked by:Dio Financial Summary & Dio Statistics Completed: Date completed: |  | **Notes:** |

**FINANCIAL SUMMARY**

|  |  |  |
| --- | --- | --- |
|  INCOME £ P  |  |  **EXPENDITURE £ P** |
| **Opening Balance**  |  |  |  | **Relief** (inc. group activities, donations to foodbanks, furniture, transport, caravan holiday expenses) |  |  |
| **Box Collection** |  |  |  | **Dues**(National and Diocesan) |  |  |
| **Secret Collection** |  |  |  | **All payments to Twinning**(inc. Special Donations, Projects & Students) |  |  |
| **Interest** |  |  |  | **All payments/donations****WITHIN SSVP (Section A)** |  |  |
| **Income from SSVP \***(please give details) |  |  |  | **Conference Administration Expenses (Section B)** |  |  |
| **Legacy** (include paperwork) |  |  |  | **All payments/donations to****NON SSVP (Section C)** |  |  |
| **Grants** (include paperwork) |  |  |
| **Other Income \*\*** (please give details) |  |  |  | **Balance at 31st March 2021 †** |  |  |
| **TOTAL** |  |  | *=* | **TOTAL** |  |  |

**List details of closing balance adjustments at 31st MARCH 2021: -**

Balance on Bank Statement £

Deduct total of cheques issued but not presented \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Add total of cheques received but not presented + £

Add Cash in Hand + £

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

Balance at 31stMarch 2021 (this must agree with **†** above) = £

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

**INTERNAL REPORT**

**Before you sign this form, please:**

1. Complete the Financial Checklist – see front page.

2. Check the Income & Expenditure figures balance.

3. Enclose a copy of the Bank Statement at **31st March 2021** with the copy of the Annual Return to be sent to your Diocesan Representative.

I certify this to be a correct and accurate statement of the Conference accounts.

Treasurer’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEXT: Contact your Diocesan representative by email or telephone (see cover letter).

DIOCESAN REPRESENTATIVE REPORT

1. Complete the Financial Checklist – see front page.

2. Please comment below on the outcome of your inspection of the Audit Form, detailing any relevant

 comments or advice given.

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**I confirm that I am independent from the Conference.**

Diocesan Representative’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Check \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Income Analysis** (If there is insufficient space please attach a supplementary list)

**\*** **Income from SSVP \*\* Other Income**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Diocesan/Group/Conference Name | £ |  | Details | £ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  Total |  |  |  Total |  |

**Expenditure Analysis** (If there is insufficient space please attach a supplementary list)

|  |  |
| --- | --- |
| A | **Details of All Payments/Donations within SSVP and all cheques sent to National Office**(e.g. National Meeting Costs; Appeals; National, Diocesan, Group Projects; Stationery invoices.– **Not Dues or any Twinning payments inc Special Donations, Projects & Students)**  |
| Description | £ | P | Description | £ | P |
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|  |  |  | **Total** |  |  |
| **B** | **Details of Conference Administration Costs & Members Expenses – Not Relief**(e.g. Stipends; Postage; Cost of local conference meetings – not National Meeting.) |
| Description | £ | P | Description | £ | P |
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|  |  |  | **Total** |  |  |
| C | **Details of all payments out-with SSVP** (e.g. other Vincentian Family Projects or Local groups where the Conference has a ***Direct Involvement****.*)**The total amount should not exceed £500 per year** |
| Description | £ | P | Description | £ | p |
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|  |  |  | **Total** |  |  |

**Conference Statistics**

**\*Conference Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Conference Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\* This non-personal information will be given to those seeking assistance in your area.**

**Number of active members in the Conference: Total \_\_\_\_\_\_\_\_\_\_\_\_ Male \_\_\_\_\_\_\_\_\_\_\_ Female \_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | Totals |
| Number of Home Visits [2 Members =2 Visits] |  |
| Number of Hospital Visits [2 Members =2 Visits] |  |
| Number of Families Assisted Financially |  |
| Number of Families Assisted – Furniture Etc. |  |
| Number of People Transported To Mass [Weekly Figure X 52] |  |
| Number of Outings/ Socials Arranged |  |

#

# Members deceased during the year

|  |  |
| --- | --- |
| Name | Office Held |
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## Please detail all other caring work and social justice activities

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## Any other comments

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**Please do not send this form to the National Office**

  **V5 2021**