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

**Conference Code:**

**Return for Year End 31st March 2024**

**Annual Financial & Statistics Audit Form**

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

National Office, Society of St Vincent de Paul, Regent House, 113 West Regent Street, Glasgow, G2 2RU

Please return the Audit Form and supporting information by Friday 10th MAY 2024 – Thank you

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

**Group:**

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

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

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

**Closing Balance 31st March 2023 £**

|  |  |
| --- | --- |
| **Financial Checklist:**  1. The opening balance on the return and in the cashbook agrees with the closing  balance on the previous year's return as supplied by National Office (see above)    2. The closing “Balance at 31st March 2024” 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 Independent Checker has evidenced a sample of 3 expenditure items  e.g. one week's relief checked against list in Relief Book, one cheque payment  against the receipt, one dues payment against Conference Bank Statement,  and that the Bank Statement attached covers 31st March 2024.  7. The Independent Checker has checked classification of expenditure is correct  and items in the Relief Book are, in fact, Relief.  8. The Independent Checker has checked copy of the Bank Statement at 31st March 2024,  and any Legacy & Grant paperwork is attached to the National Office copy of the Annual  Return. | **Treasurer Checker**  **Please Please**  **Tick Tick**  ****  ****  ****  ****  ****  ****  ****  **** |
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| --- | --- | --- |
| **For National Office Use:**  Date received:  Checked by:  Date checked:  Dio Financial Summary Completed by:  Date:  Dio Statistics Completed by:  Date:  Signed off by: |  | **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**  **OUTWITH SSVP (Section C)** |  |  |
| **Grants** (include paperwork) |  |  |
| **Other Income \*\***  (please give details) |  |  |  | **Balance at 31st March 2024 †** |  |  |
| **TOTAL** |  |  | *=* | **TOTAL** |  |  |

**List details of closing balance adjustments at 31st MARCH 2024: -**

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 2024 (this must agree with **†** above) = £

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

**INTERNAL REPORT**

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

1. The Treasurer has completed the Financial Checklist – see front page.

2. The Income & Expenditure figures balance.

3. A copy of the Bank Statement at **31st March 2024,** and any Legacy & Grant paperwork is attached to the National

Office copy of the Annual Return.

We certify this to be a correct and accurate statement of the Conference accounts:

President’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

INDEPENDENT CHECKER’S REPORT

1. Complete the Financial Checklist – see front page.

2. Please comment below on the outcome of your inspection of the financial records, detailing any relevant

comments or advice given.

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

Checker’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 outwith SSVP**  (e.g. other Vincentian Family Projects or Local groups where the Conference has a **d*irect 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 |  |
| Number of attendees at Outings/ Socials |  |

# 

# 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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# Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conference Office Bearer

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FINAL 2024**