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

**SWC**

**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

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**Conference: Group:**

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

**Place \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Closing Balance 31st March 2023 £**

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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 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” 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 Independent Checker has evidenced a sample of 3 expenditure items.  e.g. Running costs, one cheque payment against the receipt, one payment in  All payments within SSVP and that the Bank Statement attached covers  31st March 2024.  6. The Independent Checker has ensured classification of expenditure is correct.  7. 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** |  |  |  | **Direct Relief**  (All expenses relating to the delivery of personal support or group activities) |  |  |
| **Internal Income from Conferences (A)** |  |  |  | **Indirect Relief**  **Running Costs (A)**  (inc. Rent, Utilities, Insurance, Fuel, Fundraising Expenses) |  |  |
| **Internal Income from Diocesan Council (A)** |  |  |  | **All Payments WITHIN SSVP (B)** (inc. all payments to National Office, Diocesan Councils and Conferences) |  |  |
| **Other Income (B)**  (inc. Donations, Secret Collection & Bank Interest) |  |  |  | **All payments toTwinning**  (inc. Special Donations, Projects & Students) |  |  |
| **Legacies**  (please include paperwork) |  |  |  |  |  |  |
| **Grants**  (please include paperwork) |  |  |  |  |  |  |
| **Fundraising** (external income) |  |  |  | **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 + £

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

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| **Supplementary Income & Expenditure templates may be printed from www.ssvpscotland.com** | | | | |
| **INCOME** |  |  | **EXPENDITURE** |  |
| **A) Internal Income from Conferences**  **& Diocese** | |  | **A) Indirect Relief**  **Running Costs** |  |
| Conference/Diocese Name | **£** |  | Description | **£** |
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| **TOTAL** |  |  | **TOTAL** |  |
|  |  |  |  |  |
| **B) Other Income** |  |  | **(B) All payments within SSVP** |  |
| Description | **£** |  | Description | **£** |
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| **TOTAL** |  |  | **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 \_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| Description e.g. meals served, food parcels given, persons assisted, clothing provided, furniture provided, social activities provided. | Totals |
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# Members Deceased During the Year

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| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FINAL 2024**