

<b>Conference Code &amp; Name</b>
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**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 8th MAY 2026 to the National Office**

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**\*Conference Contact Number** \_\_\_\_\_ **\*Conference Email** \_\_\_\_\_

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

**Number of members in the Conference:** Total \_\_\_\_\_ Active \_\_\_\_\_ Non active \_\_\_\_\_

**Closing Balance 31st March 2025 £****Financial Checklist:**

	Treasurer Please Tick	Checker Please Tick
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)	<input type="checkbox"/>	<input type="checkbox"/>
2. The closing "Balance at 31st March 2026" on the annual return reconciles with the "Balance on Bank Statement" (or deposit book) after adjustments.	<input type="checkbox"/>	<input type="checkbox"/>
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 and initialled by the conference president.	<input type="checkbox"/>	<input type="checkbox"/>
4 The breakdown of "Income Analysis" and "Expenditure Analysis" are correctly totalled and agree with the respective figure in the "Financial Summary".	<input type="checkbox"/>	<input type="checkbox"/>
5. The amount of Dues and Twinning is entered correctly.	<input type="checkbox"/>	<input type="checkbox"/>
6. The Independent Checker has evidenced a sample of 3 expenditure items e.g. one week's relief checked against list in Relief Book (if in use), one cheque payment against the receipt, one dues payment against Conference Bank Statement, and that the Bank Statement attached covers 31st March 2026.	<input type="checkbox"/>	<input type="checkbox"/>
7. The Independent Checker has checked classification of expenditure is correct and items in the Relief Book (if in use) are, in fact, Relief.	<input type="checkbox"/>	<input type="checkbox"/>
8. The Independent Checker has checked copy of the Bank Statement at 31st March 2026, and any Legacy & Grant paperwork is attached to the National Office copy of the Annual Return.	<input type="checkbox"/>	<input type="checkbox"/>
9. Complete the attached Bank mandate. The two signatures required from the current bank signatories.	<input type="checkbox"/>	<input type="checkbox"/>
10. Complete the required Bank Details and Bank signatories information.	<input type="checkbox"/>	<input type="checkbox"/>

<b>Bank Account</b>	
<b>Bank Account Name</b>	

<b>Name of Existing Signatories in the Bank:</b>	<b>Contact Phone Number:</b>	<b>Contact Email address:</b>

## **Society of St Vincent de Paul (Scotland) – Bank Mandate for Audit Purposes**

Bank Name:

Bank Address:

Bank Address:

Post Code:

Conference Bank Account Name:

Sort Code:

Account Number

Dear Sir,

We hereby authorize you to supply to our auditors, Armstrong Watson Audit Limited, Caledonia House, 89 Seaward Street, Glasgow, G41 1HJ, with immediate effect, any information they may require for audit purposes. This mandate will remain in force for all current and future accounting periods until we notify you to the contrary.

Yours faithfully,

Account Signatory Signature

Account Signatory Name (Print)

Account Signatory Signature

Account Signatory Name (Print)

Date:

Conference name:

Conference code:

## 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 SSV (Section A)				
Income from SSV *					Conference Administration Expenses (Section B)				
(please give details)					All payments/donations OUTWITH SSV (Section C)				
Legacy (include paperwork)									
Grants (include paperwork)									
Other Income **					Balance at 31st March 2026 †				
(please give details)									
TOTAL					TOTAL				

### List details of closing balance adjustments at 31st MARCH 2026: -

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 31st March 2026 (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 2026**, and any **Legacy & Grant paperwork's** 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.

\_\_\_\_\_

\_\_\_\_\_

#### 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	£
<b>Total</b>	

Details	£
<b>Total</b>	

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

Member Activity Statistics If a family receives more than 1 form of assistance (ie food and furniture) please count as 1 in each section.	Totals
Number of Home Visits Social, Loneliness, Troubled (2 Members = 2 Visits)	
Food Purchase Visits (2 Members = 2 Visits)	
Food Collection Visits (customer donation collection) (2 Members = 2 Visits)	
Number of Families Assisted - Food	
Number of Families Assisted - Utilities	
Number of Families Assisted - Clothing	
Number of Families Assisted - Holidays/Respite	
Number of Families Assisted - Furniture	
Number of Families Assisted - People transported to Mass	
Number of Families Assisted – Outings/Social Activities	
Number of School Visits (2 Members = 2 Visits)	
Number of Hospital Visits (2 Members = 2 Visits)	
Other	

Please detail all other caring work and social justice activities


Any other comments regarding activities


Members Data:

Members deceased during the year

Name	Office Held

Conference Members

- Please complete the following table:
- If no email available, please provide a postal address
  - Please select Member, Inactive or Auxiliary member – score through incorrect options
  - PVG: If not required state N/A
  - Age Group: Please enter either 18-30, 31-50, 51-65, 66-80 or >81

[illegible]

[illegible]

Conference IT Audit:

As we move to an increasingly digital age, we are keen to understand the opportunities or challenges this poses to conferences. Please provide answers to the questions. There is space for comments provided.

- Does your conference have access to:
  - A laptop or Computer? Y/N
  - A printer? Y/N
  - Wi-Fi or Internet connection? Y/N
  - A computer camera (for online meetings)? Y/N
  - A computer microphone (for online meetings)? Y/N
- Are you happy to join some group, diocesan or national level training and meetings on line? Y/N
- Would you like IT training? Y/N

Comments:

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Signed \_\_\_\_\_ Secretary

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

Date \_\_\_\_\_

Annual Members Data Audit Form is enclosed and should be Reviewed, Updated and Returned, with The Financial Audit Form, to The National Office	
<div>For National Office Use:</div> <div>Date received: Received by:</div> <div>Date checked: Checked by:</div> <div>Dio Financial Summary Completed by: Date:</div> <div>Dio Statistics Completed by: Date:</div> <div>Scanned by: Date:</div> <div>Signed off by:</div>	<div>Notes</div>



## Appendix 4a

### Analysis of Income from within SSVP Scotland

To allow a full analysis of this income and provide an accurate audit trail of internal SSVP income, Conferences are recommended to complete this form as required. This record will be particularly helpful at the time of the Annual Audit when a full analysis of this income is required, so you may find it helpful to update it throughout the year.

**Income from SSVF:** Money received from other Conferences, Group Council, Diocesan Council, National Council or Special Works (including the closure procedures transfer)

<b>Diocesan/Group/Conference Name</b>	<b>Date</b>	<b>£</b>	<b>p</b>
<b>Annual Total Received 1/4/2025 to 31/3/2026</b>			

**Please return this template with your Annual Financial Audit Form**

Appendix 4b

Analysis of Payments within SSVP Scotland

To allow a full analysis of payments and provide an accurate audit trail of internal SSVP payments, Conferences are recommended to complete this form as required. This record will be particularly helpful at the time of the Annual Audit when a full analysis of payments is required, so you may find it helpful to update it throughout the year.

Payments from SSVP: Money given to other Conferences, Group Council, Diocesan Council ,National Council or Special Works (including the closure procedures transfer)

Diocesan/Group/Conference Name	Date	£	p
Annual Total Received 1/4/2025 to 31/3/2026			

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