

**Diocese Code:**  
**Diocese Name:**

**Annual Financial & Statistics Audit Form**

Diocesan Officials 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**

**\*Diocese Contact Number** \_\_\_\_\_ **\*Diocese Email** \_\_\_\_\_

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

**Number of members in the :** 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)
2. The closing "Balance at 31st March 2026" 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 and initialled by the conference president.
- 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 (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.
7. The Independent Checker has checked classification of expenditure is correct and items in the Relief Book (if in use) are, in fact, Relief.
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.
9. Complete the attached Bank mandate. The two signatures required from the current bank signatories.
10. Complete the required Bank Details and Bank signatories information.



**Bank Account**

**Bank Account Name**

**Name of Existing Signatories in the Bank:**

**Contact Phone Number:**

**Contact Email address:**

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

Bank Name:

Bank Address:

Bank Address:

Post Code:

Diocese 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:

Diocese name:

Diocese code:

## FINANCIAL SUMMARY

INCOME			£	P	EXPENDITURE			£	P
Opening Balance					Direct Relief (All expenses relating to the delivery of personal support or group activities)				
Income received from SSVF Conferences for Diocesan Dues					Indirect Relief Project/SVC Running Costs (A) (inc. Rent, Utilities, Insurance, Fuel, Fundraising Expenses)				
Income received from SSVF Conferences for Diocesan Projects/SVC (A)					All Payments WITHIN SSVF (B) (inc. all payments to National Office, Diocesan Councils, Conferences, SVC/Projects with own SSVF code)				
Other Income received from Conferences/Nat. Office (B)					All Payments to Twinning (inc. Special Donations & Students)				
External Income (C) (inc. Donations & Bank Interest)					Diocesan Administration Expenses (C)				
Legacy / Grants (include paperwork)					All payments/donations OUTWITH SSVF (Section D)				
Fundraising (external)					Balance at 31st March 2026 †				
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 Council 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 & Expenditure Analysis** (If there is insufficient space, please attach a supplementary list)

## INCOME

### (A) Dio Projects/SWC from SSVP

<b>Conference/Dio/Nat. Office Name</b>	<b>£</b>
<b>TOTAL</b>	

**(B) Other Income received from Conferences/National Office**

[illegible]

### (C) External Income

Description	£
<b>TOTAL</b>	

## EXPENDITURE

### (A) Project/SWC Running Costs

Description	£
<b>TOTAL</b>	

**(B) All Payments within SSVF**

[illegible]

**(C) Diocesan Admin Expenses**

Description	£
<b>TOTAL</b>	

**(D) All Payments/Donations to NON SSVP**

Description	£
<b>TOTAL</b>	

## Diocese Activity Statistics

Please give details of any particular area of work your Diocese has been involved with this year (including the total number of supported households)	Totals
Food Purchase	
Food Collection Visits (customer donation collection)	
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)	
<b>Other Activities:</b>	

**Please detail all other caring work and social justice activities**


**Any other comments regarding activities**


## Diocesan Council Members Data

**Members deceased during the year**

Name	Office Held

## Diocese 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**

<b>President Name</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Vice President Name</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Treasurer Name</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Secretary Name</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				
Email	Phone	PVG Number	PVG date obtained	Age Group
<b>Active/Inactive/Auxiliary Member Name:</b>				
<b>Conference Code &amp; Name:</b>				

[illegible]

Conference IT Audit:

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

- Does your diocese 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	
For National Office Use:  Date received: Received by:  Date checked: Checked by:  Dio Financial Summary Completed by: Date:  Dio Statistics Completed by: Date:  Scanned by: Date:  Signed off by:	Notes



## Appendix 4a

### Analysis of Internal Income from within SSVP Scotland

To allow a full analysis of this income and provide an accurate audit trail of internal SSVP income, Diocese 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 SSVP: Money received from Conferences, Group Council, National Council or Special Works (including the closure procedures transfer)**

Name	Date	£	p
<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, Diocese 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, National Council or Special Works**  
**(including the closure procedures transfer)**

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

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