

## Annual Financial & Statistics Audit Form

**Please return the Audit Form and Supporting Information by Friday 8th MAY 2026 to the National Office**

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

Number of members in the Conference:	Total	Active	Non active
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**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 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.
6. The Independent Checker has checked classification of expenditure is correct and items in the Relief Book (if in use) are, in fact, Relief.
7. 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.
8. Complete the attached Bank mandate. The two signatures required from the current bank signatories.
9. Complete the required Bank Details and Bank signatories information.

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

[illegible]

## **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
<b>Opening Balance</b>		
<b>Internal Income from Conferences (A)</b>		
<b>Internal Income from Diocesan Council (A)</b>		
<b>Other Income (B)</b> (inc. Donations, Secret Collection & Bank Interest)		
<b>Legacies</b> (please include paperwork)		
<b>Grants</b> (please include paperwork)		
<b>Fundraising</b> (external income)		
<b>TOTAL</b>		

=

EXPENDITURE	£	P
<b>Direct Relief</b> (All expenses relating to the delivery of personal support or group activities)		
<b>Indirect Relief Running Costs (A)</b> (inc. Rent, Utilities, Insurance, Fuel, Fundraising Expenses)		
<b>All Payments WITHIN SSVP (B)</b> (inc. all payments to National Office, Diocesan Councils and Conferences)		
<b>All payments to Twinning</b> (inc. Special Donations, Projects & Students)		
<b>Balance at 31st March 2026 †</b>		
<b>TOTAL</b>		

**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 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.

\_\_\_\_\_

\_\_\_\_\_

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

Checker's signature \_\_\_\_\_ Print name \_\_\_\_\_

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

## INCOME

### **A) Internal Income from Conferences & Diocese**

[illegible]

## EXPENDITURE

### A) Indirect Relief / Running Costs

[illegible]

### **B) Other Income**

[illegible]

**(B) All payments within SSVP**

[illegible]

## Conference Statistics

[illegible]



### Members deceased during the year

## Conference Members

- 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]

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:

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

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>