

SWP Conference Code & Name

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

***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 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"/>
6. 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"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
8. Complete the attached Bank mandate. The two signatures required from the current bank signatories.	<input type="checkbox"/>	<input type="checkbox"/>
9. Complete the required Bank Details and Bank signatories information.	<input type="checkbox"/>	<input type="checkbox"/>

Bank Account	
Bank Account Name	

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			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 to Twinning (inc. Special Donations, Projects & Students)		
Legacies (please include paperwork)					
Grants (please include paperwork)					
Fundraising (external income)			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 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

EXPENDITURE

A) Indirect Relief / Running Costs

B) Other Income

(B) All payments within SSVP

|| **TOTAL** || **TOTAL** ||

Conference Statistics

Special Works Project Activities

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

Treasurer Name				
Email	Phone	PVG Number	PVG date obtained	Age Group
Active/Inactive/Auxiliary Member Name				
Email	Phone	PVG Number	PVG date obtained	Age Group
Active/Inactive/Auxiliary Member Name				
Email	Phone	PVG Number	PVG date obtained	Age Group
Active/Inactive/Auxiliary Member Name				
Email	Phone	PVG Number	PVG date obtained	Age Group
Active/Inactive/Auxiliary Member Name				
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Email	Phone	PVG Number	PVG date obtained	Age Group
Active/Inactive/Auxiliary Member Name				
Email	Phone	PVG Number	PVG date obtained	Age Group
Active/Inactive/Auxiliary Member Name				
Email	Phone	PVG Number	PVG date obtained	Age Group

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: Y/N
- 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**

For National Office Use:	Notes
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:	