ST VINCENT DE PAUL SOCIETY - QUARTERLY FINANCIAL RETURN - CONFERENCES

EMAIL EXCEL VERSION OF THIS RETURN TO **quarterlyreturn@svp.org.uk**

CONFIRMATION: We certify that **this return shows** the **total income** received by the Conference and **all income collected for its use**, as well as the **total expenditure** paid out for the period. Income has been shown **gross without deductions** or contras and that this form may be used to satisfy the legal obligations of the Society. We have **included all the bank accounts that the Conference owns**.

Treasurer's name: _____
Sign/Enter name: Date:

President's name: _____
Sign/Enter name: Date:

A	**Balance brought forward from previous return (A)**		*Please ensure that this balance agrees with the previous return* **(F)** *and make any changes under income or expenditure below.*

INCOME (must be shown gross)

1001	Members' donations		
1002	Non-member donations		
1003	Church collections		
1004	Gift Aid refunds (not donation itself)		
1005	Fundraising income & grants		Specify:
1006	Legacies received direct to Conference		Specify:
1007	Other income		Specify:
4000	**LESS** Fundraising expenses		**Deduct** and specify:
SUBTOTAL TITHEABLE INCOME (B)		-	

NON-TITHEABLE INCOME (must be shown gross)

1008	National Raffle income		
1009	National Fundraising initiatives		Specify:
1010	Restricted income		

INCOME FROM OTHER PARTS OF THE SOCIETY

2001	Legacies received via National Office		Specify:
2002	Funds from other parts of the Society (Internal society income ONLY)		Specify:
TOTAL INCOME - (B) to 2002		**(D)**	-

CONFERENCE DETAILS

Date Quarter ends :	
Conference Number:	
Conference Name :	
DC Area :	
CC Area :	

Specify: *(Name of deceased, stated purpose per will)*

Specify:

Specify:

(C) Calculation of SVP Support payments

Income at **(B)**	-	**x**	**10%**	**=**	National Society
Income at **(B)**	-	**x**		**=**	CC/DC
Quarterly Conference Contribution				**=**	**£12.50**
Transfer from Conference Centralised NatWest a/c:					

Specify: *(Coffee morning, Cash4Coins, etc)*

MUST SUBMIT A RESTRICTED INCOME RETURN ALONGSIDE

Specify: *(Name of deceased)*

Specify: *(Name of CC/DC/ Conf/Other & purpose)*

EXPENDITURE

COST OF VISITS & MATERIAL ASSISTANCE TO BENEFICIARIES

3001	Material assistance to families	
3002	Elderly - own home	
3003	Elderly - residential/nursing homes	
3004	People in hospitals	
3005	Homeless	
3006	Refugees/Asylum seekers/ migrants	
3007	People with mental health issues	
3008	Offenders/Ex Offender local activities	
3009	Travellers (Gypsy, Roma etc)	
3010	Others in need	

Specify:

Bank reconciliation

Closing balance as per box **(F)** below		-	
LESS Cash in hand at quarter end			(negative)
Bank funds at end of quarter	**(G)**	-	
This reconciles with the bank statement as follows:			
Bank balance at end of quarter per NATWEST account			
LESS cheques/credit card expense, not on bank statements	**(I)**		(enter negative)
ADD funds banked, not on bank statements			
Balance - (should equal (G) above)	**(H)**	-	- Check (G)=(H)

OTHER LOCAL COSTS

4001	Administration and members' expenses		Specify:
4002	Local spiritual development/ members training		Specify:
4003	Mass Stipends		
4004	Local youth development (not internal)		

Record of uncleared cheques this quarter

Cheque Number	Amount	Date Issued	Category entered against

- Total =(I)

PAYMENTS TO OTHER PARTS OF THE SOCIETY

5001	SVP Support Payments **paid** in quarter		
5002	National Raffle paid over		
5003	Disaster Fund		
5004	Twinnage - Twin payments		Please show twin payments separately from other Twinnage (5005)
5005	Twinnage - projects and other payments		Specify:
5006	Special Funds & David Young		Specify: *(Name of special fund - Young Mums, Holiday Fund, etc)*
5007	Payments to SVP Conf's/Councils		Specify: *(Name of CC/DC/Conf & purpose)*
5008	Payments to National Office/CSPs/SVP Projects & Camps		Specify: *(Name of project & purpose)*

TOTAL EXPENDITURE	**(E)**	-
Balance carried forward to next return (F)		- *= (A) + (D) - (E)*

Space for comments:

Treasurer's Details. Address:

Email: **Phone:**

Please return this form no later than a month after the Quarter end. Thank you for sending this form in on time.