

ST VINCENT DE PAUL SOCIETY - QUARTERLY FINANCIAL RETURN - CONFERENCES

EMAIL FULL WORKBOOK 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 details for our centralised bank account and reconciled the account and cash held.

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

Balance brought forward from previous return (A)		<i>Please ensure that this balance agrees with the previous return (F) and make any changes under income or expenditure using the book tab.</i>	
UNRESTRICTED INCOME (must be shown gross)		CONFERENCE DETAILS	
1001	Members' donations	Date Quarter ends :	
1002	Non-member donations	Conference Number:	
1003	Church collections	Conference Name :	
1004	Gift Aid refunds (not donation itself)	DC Area :	
1005	Fundraising income & grants	CC Area :	
1007	Other income	Specify:	
4000	LESS Fundraising expenses	Deduct and specify:	
SUBTOTAL UNRESTRICTED INCOME (B)		(C) Calculation of SVP Support payments	
	-	Income at (B) - x 10% =	National Society
		Income at (B) - x % =	CC/DC
		Quarterly Conference Contribution =	£17.50
		Transfer from Conference Centralised NatWest A/C:	
RESTRICTED INCOME (must be shown gross)		<i>RESTRICTED INCOME RETURN MUST BE COMPLETED SUMMARISING EACH RESTRICTION AND SUBMITTED WITH MAIN RETURN ALONG WITH BACKING DOCUMENTS DEMONSTRATING THE RESTRICTION.</i>	
1008	National Raffle income	Specify:	(Coffee morning, Cash4Coins, etc)
5002	Raffle Distribution		
1009	National Fundraising initiatives		
1010	Restricted income		
INCOME FROM OTHER PARTS OF THE SOCIETY			
2001	Legacies received via National Office	Specify:	(Name of deceased)
2002	Funds from other parts of the Society (Internal society income ONLY)	Specify:	(Name of CC/DC/ Conf/Other & purpose)
TOTAL INCOME - (B) to 2002 (D)			-

EXPENDITURE		Bank reconciliation	
COST OF VISITS & MATERIAL ASSISTANCE TO BENEFICIARIES		Closing balance as per box (F) below	-
3001	Material assistance to families	LESS Cash in hand at quarter end (counted)	(negative)
3002	Elderly - own home	Bank funds at end of quarter	(G) -
3003	Elderly - residential/nursing homes	This reconciles with the bank statement as follows:	
3004	People in hospitals	Bank balance at end of quarter per NATWEST account	
3005	Homeless	LESS cheques/credit card expense, not on bank statements	(I) (enter negative)
3006	Refugees/Asylum seekers/ migrants	ADD funds banked, not on bank statements	
3007	People with mental health issues	Balance - (should equal (G) above)	(H) -
3008	Offenders/Ex Offender local activities		Check (G)=(H)
3009	Travellers (Gypsy, Roma etc)		
3010	Others in need	Specify:	

OTHER LOCAL COSTS		ADD uncleared cheques this quarter	
4001	Administration and members' expenses	Specify:	
4002	Local spiritual development/ members training	Specify:	
4003	Mass Stipends		
4004	Local youth development (not internal)		

PAYMENTS TO OTHER PARTS OF THE SOCIETY			
5001	SVP Support Payments paid in quarter		
5002	National Raffle paid over		-
5003	Disaster Fund		Total = (I)
5004	Twinning - Twin payments	Please show twin payments separately from other Twinning (5005)	
5005	Twinning - projects and other payments	Specify:	(Name of special fund - Young Mums, Holiday Fund, etc)
5006	Special Funds & David Young	Specify:	(Name of CC/DC/Conf & purpose)
5007	Payments to SVP Conf's/Councils	Specify:	(Name of project & purpose)
5008	Projects & Camps	Specify:	

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

Treasurer's Details. Address:

Space for comments:

Please return the Quarterly Financial form no later one month after quarter end. Thank you for sending this form in on time.