ST VINCENT DE PAUL SOCIETY - QUARTERLY FINANCIAL RETURN - COUNCIL

EMAIL FULL WORKBOOK TO **quarterlyreturn@svp.org.uk**

CONFIRMATION: We certify that this return shows the total income received by the Council 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)		***Please ensure that this balance agrees with the previous return (F) and make any changes under income or expenditure using the book tab.***

CONFERENCE DETAILS

Date Quarter ends :

Council Number:

Council Name :

CC Area :

INCOME (must be shown gross)

1000	SVP Support payment received				
1001	Members' donations				
1002	Non-member donations				
1003	Church collections				
1004	Gift Aid refunds (not donation itself)				
1005	Fundraising income & grants		Specify:		
1007	Other income		Specify:		
1008	National Raffle income				
1009	National Fundraising initiatives		Specify:		*(Coffee morning, Cash4Coins, etc)*
1010	Restricted income		***RESTRICTED INCOME RETURN MUST BE COMPLETED SUMMARISING EACH RESTRICTION AND SUBMITTED WITH MAIN RETURN ALONG WITH BACKING DOCUMENTS DEMONSTRATING THE RESTRICTION.***		

INCOME FROM OTHER PARTS OF THE SOCIETY

5002	Raffle Distribution				
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

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 (counted)			(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

4000	Fundraising expenses		Specify:	
4001	Administration and members' expenses		Specify:	
4002	**Local spiritual development/ members training**		Specify:	
4003	Mass Stipends			
4004	Local youth development (not internal)			

ADD uncleared cheques this quarter

Cheque Number	Amount	Date Issued	Category entered against	
				-
				Total = (I)

PAYMENTS TO OTHER PARTS OF THE SOCIETY

5002	National Raffle paid over			
5003	Disaster Fund			
5004	Twinning - Twin payments		Please show twin payments separately from other Twinning (5005)	
5005	Twinning - 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 the Quarterly Financial form no later than one month after quarter end. Thank you for sending this form in on time.