



APPENDICES

Conference Treasurer's Handbook

The Society of St. Vincent de Paul

Published October 31, 2024
Updated required every five years.

Table of Contents

Confirmation of New Conference Treasurer.....	A
Collecting, Counting and Depositing Donations Checklist.....	B
Sample Count Sheet.....	C
Check Request Form.....	D
Instructions for Completing the “Conference Financial Report Form”	E
Steps to Review a Conference Monthly Financial Report.....	F
Conference Annual Internal Audit Worksheet.....	G
Verification of Conference Internal Audit Form.....	H

Confirmation of New Conference Treasurer

As of _____ (date), I _____ (Conference President) appoint
 _____ (member) as Treasurer of
 _____ Conference.

I _____ (Treasurer) confirm that I have received, read and understand the
 procedures, policies and responsibilities described in the Conference Treasurer's Manual
 _____. I further agree to abide by all the procedures and policies described
 therein, to the best of my ability.

As of _____ (date), _____ (treasurer) has been added as a
 signatory on the Conference bank account. Also _____ (name) has been
 removed as a signatory on same account.

By my signature, I attest that the above statements are true:

_____ Conference President	_____ Date	Treasurer Contact Info:
_____ Conference Treasurer	_____ Date	_____ Street
_____ District Treasurer	_____ Date	_____ City, State, Zip code
_____	_____	_____ Home Phone/Business
		_____ Cell Phone
		_____ Email

Collecting, Counting and Depositing Donations Checklist

Your Conference should have a written procedure for collecting, counting, and depositing donations which covers the following items.

Sunday Collections

- Does your Conference have a monthly collection?
- On which Sunday does it usually occur?
- Does the parish distribute SVdP envelopes for the collection?
- Do you collect money “at the door”?
- For Sunday collections, how is the money collected, secured, counted, deposited, posted?
 - Who collects the money?
 - How is the money secured between collection and count?
 - When and where is the money counted?
 - Do the same people count the money each week, or is there a rotation of counters?
 - Is the money counted in a secure location?
 - Who signs the count sheet?
 - Who prepares the deposit slip?
 - Who deposits the money and how?
 - Who gets the donor records?
 - Do you keep copies of envelopes/checks?

Other-than Sunday Collections

On non-collection Sundays, how is money collected, secured, counted, deposited, posted? (For example, parishioners who forgot to drop their SVdP envelope in the basket on the 2nd Sunday of the month, and then drop it in the basket on the 3rd Sunday of the month?)

Do you have a “poor box” in the church? If yes, how is the money collected, secured, counted, deposited, posted?

When you have a fundraiser, how is the money collected, secured, counted, deposited, posted?

When you have a “secret collection” at the Conference meeting, how is the money collected, secured, counted, deposited and posted?

When someone puts a donation in the SVdP mailbox at church, how is the money collected, secured, counted, deposited, posted?

Do you receive online donations?

- If through the parish website, is the parish sending tax receipts or is SVdP?
- If through your website, who is responsible for sending tax receipts as needed?
- Who has the password and maintains the website?
- Who is paying the credit card fees? How are those logged into your books?
- Which employee-matching networks do you receive funds from (if any)? If the network has an online account (e.g. Benevity), who is managing that?

Acknowledging Donors

- How are donations recorded?
- How and how often are donors acknowledged?

Send a Thank You note....not just a tax letter. Qualified Charitable Deduction (QCD) keep a copy of the check and send it to the Donor along with the Tax letter.

SAMPLE COUNT SHEET For Donations

Week of _____ Name of Conference _____ Date: _____

Parishioner Checks in Envelopes

Tape 1 # of checks () \$ _____

Tape 2 # of checks () \$ _____

Tape 3 # of checks () \$ _____

Total # of Envelopes () \$ _____ **Total checks in envelopes**

Run two tapes on an "adding machine" – one on envelopes and one on checks.

Total # of Parishioner Loose Checks () \$ _____ **Total**

Total # of Visitor Loose Checks () \$ _____ **Total**

Copy all loose checks. Attach copies and tape to yellow carbon of deposit ticket.

Parishioner Cash in Envelopes**Loose Cash**

100's () \$ _____

50's () \$ _____

20's () \$ _____

10's () \$ _____

5's () \$ _____

1's () \$ _____

Quarters () \$ _____

Dimes () \$ _____

Nickels () \$ _____

Pennies () \$ _____

100's () \$ _____

50's () \$ _____

20's () \$ _____

10's () \$ _____

5's () \$ _____

1's () \$ _____

Quarters () \$ _____

Dimes () \$ _____

Nickels () \$ _____

Pennies () \$ _____

**Total Cash
In Envelopes** \$ _____

**Total Loose
Cash** \$ _____

Total for Deposit \$ _____

Volunteer Signatures _____

Check Request

Date: _____ Due Date: _____

TO: _____ (Treasurer)

Please issue a check to _____ in the amount of \$ _____.

Mailing address: _____

Explanation: _____

Receipts attached _____

Requested by: _____
SVdP Caseworker

Or Send an Email with all of the relevant data above .

Instructions for Completing the “Monthly Conference Report” Form

Below you will find answers to some typical questions or problems that may arise as you complete the Monthly Conference Report. We welcome your feedback on how to improve the Report or instructions.

Introduction

The Monthly Conference Report is a snapshot of all the financial transactions that have taken place during the reporting period. In other words, the End of Month Report should include all the deposits that were made during reporting period and all the checks that were written during the month, regardless of whether the check or deposit appears in the end of month bank statement. If you made a check/deposit during the reporting period, but it does not appear on the bank statement (i.e., it has not “cleared”), then include the check/deposit on your report.

Last Month’s Ending Balance

- The current report opens with the same number as the Ending Balance from the previous report. (This number is usually not the same as the “Opening Balance” on your bank statement.)
- The beginning balance “Last Month’s Ending Balance” should include all accounts. The Society recommends that each Conference have only one checking account. However, some conferences have found it necessary to have a second checking account.

Donations from Members (Line 1)

Financial contributions from Active, Associate and Contributing Vincentian Members, including the secret collection taken up at Conference Meetings only. Checks from Members that come through Church collections should not be included.

A detailed description of the types of members is found in the Rule: Part III, Statute 3. In brief,

- Active (or Full) Members participate regularly in the prayer life, meetings, and charitable activities of the Conference.
- Associate Members may or may not attend Conference meetings or engage in the works of the Society on a regular basis... [but they] are kept informed of the developments and activities of their [Conference and Council]
- **No longer in the Rule:** ~~Contributing Members are those who regularly or in a substantial way provide in-kind or financial support but who do not engage directly in the Society’s work. All these members are invited to attend The Society’s general meetings & special observances.~~

Church/Poor Box Collections (Line 2)

Line 2 reflects money donated through the church’s offertory, poor box, online, or “at-the-door” collections.

Fund Raising – Special Works (Line 3a)

Money collected from fundraising and special works.

Fund Raising – Stores (Line 3b)

Money deposited from thrift store account for use by the conference for financial assistance.

Appendix E – continued

Grants (Line 5a)

Only grant funds that are deposited in the Conference account should be listed on line 5a. However, only qualified grants that meet the Qualified Grant Criteria below will be included on the line. All other grants will be subject to Solidarity and reported on line 3c.

1. Must be reported to and approved by the Council Development Office prior to formal submittal of the grant request and meet the following criteria:
 - a. Must come from a government entity, corporation or foundation.
 - b. Must require an application be completed, or at a minimum a letter of request be submitted.
 - c. Must be for a specific purpose and must request a grant report to be sent to the grantor.
2. A bequest is not a grant. Solidarity must be paid at the time the bequest is received.
3. An individual gift is not a grant. Solidarity must be paid at the time the individual gift is received.

Solidarity Contributions (Line 9)

For conferences with prior year's annual income of less than \$50,000 the contribution is 7.5%. For those conferences with prior year's annual income greater than \$50,000 the percentage is 10%. Annual income excludes grant money received, fundraising expenses and contributions from other Conferences/Councils. Money sent to another Conference or Council may not be used to reduce the solidarity payment. On the 20th of each month, the Council Finance office will draft the conference bank account for the solidarity amount due for the prior month.

The amount of the solidarity obligation should be recorded in the month in which it was incurred unless the Conference has received permission from the respective District Treasurer to record in the following month. As described on the previous page, if the check/transaction wasn't written in the report period, then it should not be on the report. The report should reflect all financial actions that took place during the reporting period.

Number of People Helped

These numbers are recorded after each home visit and are totaled and entered here.

Reconciliation

The Ending Balance should be the same number as your check register Balance. This will usually not be the same as the "Ending Balance" on your bank statement.

Appendix E
Again, Council-specific.

CMS SVdP

MONTHLY CONFERENCE REPORT

Fiscal Year:	
---------------------	--

(Arch)Diocesan Council: _____ **District Council:** _____

Conference Name: _____

Address: _____
Street City State Zip

Reporting Period From: _____ to _____ (1 Month)

Frequency Of Meetings: Weekly ☐ Every other week ☐ Monthly ☐ Other ☐

Our Conference has formally adopted and is in compliance with the most current version of "Document 1: Bylaws for Conferences," which can be found on www.svdpusa.org. Yes _____ No _____

Treasurer's Report

(Includes Receipts and Expenses from Conference Stores and Special Works)

Last Month's Ending Balance (Required)	
Adjustments to Last Period's Ending Balance - attach an explanation	
Beginning Balance (Required)	

Receipts

1. Donations from Meetings			
2. Church/Poor Box Collections			
3a. Fund Raising - Special Works			
3b. Fund Raising - Stores			
3c. Fund Raising - Special Events/Other			
4. Other SvdP Contributions			
5a. Other - Qualified Government Grants Only			
5b. Other - Disaster Funds			
5c. Other - Capital Campaign Funds			
5d. Other - Other Restricted Funds			
5e. Other - Misc. Receipts			
Total Receipts (1 thru 5e)			

Expenses

6. Those We Serve			
7. Disaster Contributions			
8a. Domestic Twinning			
8b. International Twinning			
**Attach contact list for International Twinning Partners			
Subtotal (A) (6 thru 8)			
9. Solidarity Contributions (Dues/Tithing)			
10. Contributions to Upper Councils			
11a. Operating Expense - Special Works			
11b. Operating Expense - Stores			
11c. Operating Expense - Special Events			
11d. Operating Expense - Other			
12. Other			
Subtotal (B) (9 thru 12)			
Total Expenses (Subtotal A + Subtotal B)			
Ending Balance: Beginning Balance + Total Receipts - Total Expenses			

Appendix E continued

Visits and Services to People

(Includes Conference, Stores and Special Work s)

	Column 1	Column 2
Person-to-Person Visits	# of Visits	# of People Helped
A. Home		
B. Prison		
C. Hospital		
D. Elder Care		
E. Other in Person		
Subtotal 1 (A thru E)		

"In Kind" Services and Goods

"In Kind" Services	# of Services	"In Kind" Value
F. Legal		
G. Medical		
H. Dental		
I. Other		
Subtotal 1 (F thru I)		
"In Kind" Goods	# of Services	"In Kind" Value
J. Food		
K. Furniture		
L. Clothing		
M. Other		
Subtotal 2 (J thru M)		

Total "In Kind" Services and Goods (F thru M)

Total Hours of Service: Members	
Total Hours of Service: Non-Members	
Estimated Miles in Vincentian Services	

Signature of Conference President

Phone

Date

Signature of Conference Treasurer

Phone

Date

Appendix

Membership

	Asian	Black	Caucasian	Latino	Native American	Pacific Islander	Mixed/Other
Active (Full) - Under 19							
Active (Full) - 19 through 39							
Active (Full) - 40 and over							
Total Active (Full)							

Associate - Under 19							
Associate - 19 through 39							
Associate - 40 and over							
Total Associate							

Total Membership	
Total Active (full)	
Total Associate	
Total Members	

Comparative Membership	Number
Total All Vincentians	
Total - under 19	
Total - 19 through 39	
Total Minority (Non-Caucasian)	
Total Non-Vincentian Volunteers	

6a. Burials/Funeral	
6b. Education/Day Case	
6c. Medical/Prescriptions/Counseling	
6d. Clothing/Household Items	
6e. Food/Groceries	
6f. Housing/Rent	
6g. Temporary Lodging	
6h. Transportation	
6i. Utilities	
6j. Legal Fees/Licenses	
6k. Recreation/ Camp Fees	
6l. Miscellaneous	
6m. Special Works	
Total Direct Aid (6a thru 6m - same as Line 6)	

Appendix E continued

Other Visits and Services Data

(Other Assistance that is not Financial or "In Kind")

Services	# of Services
N. Jobs Obtained	
O. Referrals	
P. Travel Aid	
Q. Spiritual Aid/Sacraments	
R. Other	

Telephone Only (split from Other In-Person)	# Contacts	# Helped
S. Telephone-Only Contacts		

Client Demographics

Ethnicity	Male	Female
Asian (a)		
Black/African American (b/aa)		
White/Caucasian (c)		
Hispanic/Latino (h/l)		
Alaskan/Native American Indian (ai)		
Native Hawaiian/Pacific Islander (pi)		
Mixed/Other		

Hours and Miles

Details	Hours	Miles
Case - Client Visit		
Conference Meetings		

Steps to Review a Conference's Monthly Financial Report

Conference Presidents are required to review the monthly report it to their District Treasurer.

1. Does the beginning balance of this month's report match the ending balance of last month's report?
2. Does the ending balance of this month's report match the check register ending balance, also noted as the "Financial Statement Ending Balance" on the check register?
3. Does the "Statement Beginning Balance" match the beginning balance on the bank statement?
4. Similarly, does the "Statement Ending Balance" match the ending balance on the bank statement?
5. Review the monthly report to see if the income and expenses are reported on the correct line(s) and/or if there are any line items that are unusual. For example, is there a big expense in "Burial Expense" but you know you didn't help anyone with that? Or your utilities expenses are double what they usually are.
6. Review the bank statement and/or check register. Do any expenses or deposits look out of the ordinary?
7. If check images are on the bank statement, review the images. Are there any expenses for unusual amounts, to unusual vendors, to members of the Conference, to individuals, etc.?
8. After reviewing the report, reconciliation and bank statement, be sure the Conference Treasurer AND President sign it (physically or via e-mail) before forwarding to the District Treasurer. An email from the President must include the statement that "he/she has reviewed and approved the attached reports and documents."
9. Retain a copy for the Conference's records.

Conference Annual Internal Audit Worksheet

Conference Auditors will complete the Verification of Audit Form and submit Form and Worksheets to the Conference President who will then forward to the District Treasurer, by September 20th each year.

Conference Auditors must be two unrelated persons who are not involved in the financial procedures of the Conference (including counting/depositing money and/or signing/issuing checks/payments).

Name of Conference: _____

Names of Auditors: 1) _____

2) _____

For the fiscal year beginning October 1, 20____ and ending September 30, 20____

Choose one month from each group:

1st Quarter: October – November – December: _____

2nd Quarter: January – February – March: _____

3rd Quarter: April – May – June: _____

4th Quarter: July – August – September: _____

For each selected month, have available:

- ☐ Conference Financial Statement if available.
- ☐ Bank Statement
- ☐ Reconciliation page
- ☐ Count sheets and deposit slips for the month
- ☐ Client worksheets for the month
- ☐ Someone available with access to software program

Auditors are familiar with the Treasurers' Handbook/Appendix.....Yes No

The signatures on the account have been verified with the bank..... Yes No

Any problems from previous audits have been addressed..... Yes No The

Conference follows the SVdP record retention policy..... Yes No Funds

are collected according to Income Procedures..... Yes No Funds are

disbursed according to written Conference Guidelines.....Yes No Letters/e-

mails sent to donors who contributed \$250 or more at one time..... Yes No

Appendix G continued

First quarter (Oct-Nov-Dec)

Month/Year selected: _____

DEPOSITS:

	Yes	No	Comment
Do all deposits on the bank statement match the deposits on the Financial Report?			
Does the bank statement's reconciled amount match the Financial Report balance?			
Select one deposit: \$ _____ Date _____ Do the amounts on the count sheet, deposit slip and bank statement all match?			

EXPENDITURES: For the month, select at least three disbursement records.

Expenditure #1:

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the ??? CMS expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or other records? (case record form, receipt, check request form, and/or invoice)			

Expenditure #2:

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or other records? (case record form, receipt, check request form, and/or invoice)			

Expenditure #3

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or other records? (case record form, receipt, check request form, and/or invoice)			

Appendix G continued

Second Quarter (Jan-Feb-Mar)

Month/Year selected: _____

DEPOSITS:

	Yes	No	Comment
Do all deposits on the bank statement match the deposits on the Financial Report?			
Does the bank statement's reconciled amount match the Financial Report balance?			
Select one deposit: \$_____Date_____			
Do the amounts on the count sheet, deposit slip and bank statement all match?			

EXPENDITURES: For the month, select at least three disbursement records.

Expenditure #1:

Payee: Amount \$_____Check No._____Date_____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or in other records? (case record form, receipt, check request form, and/or invoice)			

Expenditure #2:

Payee: Amount \$_____Check No._____Date_____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or other records? (case record form, receipt, check request form, and/or invoice)			

Expenditure #3

Payee: Amount \$_____Check No._____Date_____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or in other records? (case record form, receipt, check request form, and/or invoice)			

Appendix G continued

Third Quarter (Apr-May-Jun)

Month/Year selected: _____

DEPOSITS:

	Yes	No	Comment
Do all deposits on the bank statement match the deposits on the Financial Report?			
Does the bank statement's reconciled amount match the Financial Report balance?			
Select one deposit: \$ _____ Date _____ Do the amounts on the count sheet, deposit slip and bank statement all match?			

EXPENDITURES: For the month, select at least three disbursement records.

Expenditure #1:

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or in other records? (case record form, receipt, check request form, and/or invoice)			

Expenditure #2:

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or in other records? (case record form, receipt, check request form, and/or invoice)			

Expenditure #3

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or other records? (case record form, receipt, check request form, and/or invoice)			

Appendix G continued

Fourth Quarter (Jul-Aug-Sep)

Month/Year selected: _____

DEPOSITS:

	Yes	No	Comment
Do all deposits on the bank statement match the deposits on the Financial Report?			
Does the bank statement's reconciled amount match the Financial Report balance?			
Select one deposit: \$ _____ Date _____ Do the amounts on the count sheet, deposit slip and bank statement all match?			

EXPENDITURES: For the month, select at least three disbursement records.

Expenditure #1:

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or in other records? (case record form, receipt, check request form, and/or invoice)			

Expenditure #2:

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or in other records? (case record form, receipt, check request form, and/or invoice)			

Expenditure #3

Payee: Amount \$ _____ Check No. _____ Date _____	Yes	No	Comment
Does the check amount on the record match the check amount on the bank statement?			
Is the accounting expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation in CMS or in other records? (case record form, receipt, check request form, and/or invoice)			

Verification of Conference Internal Audit

Conference _____

Fiscal Year _____ Date audit completed _____

The following persons are listed at the bank as signatories on our Conference Account:

Name, Office

Name, Office

Name, Office

Name, Office

Names of person(s) performing audit (please print) _____

_____ I/we, the above-named person(s), have completed an audit of the financial record keeping of this Conference, using the Conference Annual Internal Audit Worksheet (attached).

_____ I/we find that the Conference is in compliance with the financial record keeping standards set by the Society of St. Vincent de Paul and further that I/we discovered no financial record keeping problems that need to be corrected or acted upon.

_____ I/we find that the Conference is in compliance with the financial record keeping standards set down by the Society of St. Vincent de Paul and that there were only a few problems that were pointed out and corrected by the Treasurer. I/we feel that intervention by an upper level of the Society is not necessary currently. A list of the problems uncovered during the audit is attached on a separate page.

_____ I/we find that the Conference is not in compliance with the financial record keeping standards set down by the Society of St. Vincent de Paul and that there are serious problems that need to be corrected. I/we feel that immediate intervention is needed by an upper level of the Society. A list of the problems uncovered is attached on a separate page.

Signature and phone number of auditor(s):

_____ Phone _____

_____ Phone _____

Signature of Conference President:

_____ Date _____