

SVdP ANNUAL INTERNAL AUDIT WORKSHEETS

OPERATIONS REVIEW QUESTIONNAIRE

Region _____ Diocese _____

Diocesan Council _____ District Council _____

Conference _____ Date of Audit _____

Names of Reviewers: 1) _____

2) _____

A. Have all issues from previous audits been resolved? ___ Yes ___ No

If No, explain in comments what is the plan to correct this?

B. Has the Conference adopted a set of bylaws that is in compliance with the Nationally Approved Bylaws for Conferences? ___ Yes ___ No

If No, explain in comments what is the plan to correct this?

C. Does the Conference exclude any person or group from membership?
___ Yes ___ No

If Yes, explain details in comments and what is the plan to correct this?

D. Does the Conference meet at least twice monthly – fulfilling the minimum requirements of a meeting? ___ Yes ___ No

If No, explain in comments what is the plan to correct this?

E. Does the Conference have at least five members, four of whom are designated as officers: President, Vice President, Secretary and Treasurer – each office held by a different person?
___ Yes ___ No

If No, explain in comments what is the plan to correct this?

F. Does the Conference meeting have opening and closing prayer and also a spiritual reading followed by a discussion among the members of the reading?
 Yes No

If No, explain in comments what is the plan to correct this?

G. Does the Conference have an active Spiritual Advisor, who attends all meetings, attends the full meetings and participates in the meetings as prescribed for a Spiritual Advisor?
 Yes No

If No, explain in comments what is the plan to correct this?

H. Does the Conference have a letter of Aggregation from the Council General or is the Conference in the process of being Aggregated? Yes No

If No, explain in comments what is the plan to correct this?

If Yes, explain in comments where is the Letter of Aggregation displayed?

I. The Society has a non-discrimination policy toward those we serve. Does the Conference ever violate this policy? Yes No

If Yes, explain details in comments and what is the plan to correct this?

J. It is traditional within the Society that ALL works of Vincentians are to be performed in pairs. Does the Conference ever violate this? Yes No

If Yes, explain details in comments and what is the plan to correct this?

K. Does the Conference ever perform service to those we serve that does not entail person-to-person contact by members? Yes No

If Yes, explain details in comments and what is the plan to correct this?

L. Does the Conference use home visits as the primary method of providing service to those in need? Yes No

If No, explain in comments what is the plan to correct this?

M. Does the Conference regularly participate in the meetings and activities of the District Council? Yes No

If No, explain in comments what is the plan to correct this?

N. Have all of the members of the Conference attended an Ozanam Orientation as required by the Society? Yes No

If No, explain in comments what is the plan to correct this?

O. Are the members of the Conference encouraged to/sent to attend appropriate training sessions as provided by the Society? Yes No

If No, explain in comments what is the plan to correct this?

P. Does the Conference annually fulfill its obligation to submit an Annual Report to the next higher Council? Yes No

If No, explain in comments what is the plan to correct this?

Q. Does the Conference submit a summary of its activity to the Pastor and parishioners at least annually? Yes No

If No, explain in comments what is the plan to correct this?

R. Have all members of the Conference been given a copy of The Rule and been encouraged to read and understand it? Yes No

If No, explain in comments what is the plan to correct this?

S. Does the Conference regularly discuss passages from The Rule during the Conference meetings? Yes No

If No, explain in comments what is the plan to correct this?

**Comments (please indicate the letter associated with the question and then give explanation)
Attach an additional page if necessary.**

RECORDKEEPING CHECKLIST

Place a checkmark to the right of the record category if the Conference is, in fact, keeping this record schedule.

Annual Conference Report*	Permanent	_____
Letters of Aggregation.....	Permanent	_____
Bank Deposits.....	3 Years	_____
Bank Reconciliations.....	3 Years	_____
Bank Statements.....	7 Years	_____
Cancelled Checks.....	7 Years	_____
Invoices Received.....	7 Years	_____
Case Records & Cards.....	3 Years	_____
General Correspondence.....	3 Years	_____
Meeting Minutes.....	7 Years	_____
Minute Books.....	7 Years	_____
Treasurer Statements.....	7 Years	_____

*including statistics, membership list, and items with historical significance

If the Conference is non-compliant with retention of its records in any of the above categories, please explain what will be done to correct this.

Are the records maintained in a secure way or place to ensure the confidentiality of the information kept there? Yes No

If No, what will be done to correct this? _____

Are the records properly destroyed when the retention period is expired?
 Yes No

If No, what will be done to correct this? _____

FINANCIAL REVIEW WORKSHEET

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
- Bank Statement
- Reconciliation page
- Count sheets and deposit slips for the month
- Case worksheets for the month
- Someone available with access to CMS.

(circle one)

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

The signers on the account have been verified with the bank..... 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

The Conference has separate accounts under the control of the Conference..... Yes No

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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/or invoice)			

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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/or invoice)			

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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/or invoice)			

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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/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 expense category classification correct?			
Did the check clear the bank in the same month or the following month?			
Is there proper supporting documentation? (case record form, receipt, check request form, an/or invoice)			

VERIFICATION OF CONFERENCE INTERNAL AUDIT

Fiscal Year being Audited _____ Date audit completed _____

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

Name, Office

Name, Office

Name, Office

Name, Office

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

_____/we, the above named person(s), have completed a Conference Audit of this Conference, using the SVdP Annual Internal Audit Worksheets (attached).

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

_____/we find that the Conference is in compliance with the standards set down by the Society of St. Vincent de Paul and that there were only a few problems that were pointed out for correction. I/we feel that intervention by an upper level of the Society is not necessary at this time. A list of the problems uncovered during the audit is attached on the SVdP Annual Internal Audit Worksheets.

_____/we find that the Conference is not in compliance with the 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 the SVdP Annual Internal Audit Worksheets.

Signature and phone number of reviewer(s):

_____ Phone _____

_____ Phone _____

Signature of Conference President:

_____ Date _____