



## United Hospital Auxiliaries of NSW Inc.

*Let us hold high the lamp of service for the welfare of our hospitals*

Friday 10th May 2024

Dear Branch Secretaries of UHA  
cc Branch Treasurer,

Dear Branch Secretaries and Treasurers

### **SUMMARY OF CHANGES TO THE END OF FINANCIAL YEAR DOCUMENTATION**

Attached please find a package containing the End of Financial Year Documents for 2023/24.

You may recall that I advised that there were changes being made to these documents in the Treasurer's report in Newsletter 225.

Some changes are only cosmetic, such as emphasising the preference for the forms to be emailed rather than posted where possible. Most forms do not need to be signed, but just need to have the name, position and date of the person completing the form included. This allows you to email the forms without having to print them out to sign them.

Pages 1, 2, 3 and 4 should be sent together by the Secretary but we are showing who is responsible for preparing the form and their final date for submission.

The forms with the most significant changes are:

#### **Page 1 Statement of Receipts and Payments**

This is the section with the most changes, so we have pre-filled your 2023 figures for each branch on this form. Please find attached an Excel version and a pdf format, a hard copy will be posted to you too, with these figures included. This is so you can easily follow where to input 2024 amounts in Column A.

This realignment of the form we think gives a clearer and more logical order to the financial statement. We hope you agree!

#### **Page 4 Volunteer Hours Worked**

The number of lines has been reduced by combining some, eg Gift Shop has been included with Café/Kiosks and Fetes with Functions. The Hours Worked by Employees line has been removed as we are reporting on Volunteer Hours only.

*The UHA of NSW Inc. is funded by the NSW Ministry of Health*  
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**United Hospital Auxiliaries of NSW Inc.**

*Let us hold high the lamp of service for the welfare of our hospitals*

Please remember to return all the completed forms to Head Office immediately after your AGM, which must be held within 6 weeks from the End of the Financial Year. This includes an unaudited copy of the Statements of Receipts and Payments. You have until 30<sup>th</sup> September 2024 to return the audited copy of this form. Tanja and Coby from Head Office are available to answer any questions you should you need a hand when completing the forms.

Kind Regards,

Dee Hunter

**Hon. State Treasurer & Regional Representative North East**

**United Hospital Auxiliaries of NSW**

Cert Inc. Y11575-34

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**UNITED HOSPITAL AUXILIARIES OF NSW INC.**

**STATEMENT OF RECEIPTS AND PAYMENTS**

Year ending: 30th June,

★ THIS DOCUMENT "UNAUDITED" IS TO BE RETURNED TO HEAD OFFICE DIRECTLY AFTER YOUR AGM

**PAGE 1**  
**PREPARED BY:** Treasurer  
**DUE BY:** 1 September

Branch Name \_\_\_\_\_  
 UHA Region (eg Hunter) \_\_\_\_\_

		This Year <small>Column A</small>	Last Year <small>Column B</small>
<b>GROUP A: FUNDRAISING INCOME / EXPENSES (this includes all income received by your Branch)</b>			
1	Membership Fees - fees paid by members to belong to branch		
2	Funds Raised - Raffles/Street Stalls/Fetes/Catering etc		
3	Funds Raised - Gift Shops/ Coffee shops/vending machines/kiosks etc		
4	Donations & Bequests - DGR Items		
5	Bank Interest - from all accounts including Investment Accounts		
6	Other Income - sundry deposits eg MOH Delegate Subsidy		
7	<b>TOTAL FUNDRAISING INCOME:</b>		
<b>LESS EXPENSES FROM FUNDRAISING:</b>			
8	Gift Shops/ Coffee Shop/Kiosk - stock and running expenses		
9	Gift Shops/ Coffee Shop/Kiosk - wages, wage expenses (Super) ATO etc		
10	Raffle costs incl. raffle books and prizes		
11	Street Stall Costs: eg site cost, items purchased for sale		
12	Function Costs : eg Venue, Catering , Prizes and Gift items		
13	Vending Machine: stock and labour costs		
14	Craft Costs: cost of raw materials etc		
15	Other: Miscellaneous Costs		
16	<b>FUND RAISING EXPENSES SUB TOTAL:</b>		
17	<b>NET FUNDRAISING PROCEEDS: INCOME (#7) MINUS EXPENSES (#16)</b>		
<b>GROUP B: OTHER EXPENSES (Not related to fundraising)</b>			
18	UHA Affiliation Fee \$33 per branch per annum		
19	Administration Fees - eg Stationery, Postage, Auditor, Internet etc		
20	Miscellaneous Expenses - eg Conference attendances, Petty Cash etc		
21	<b>OTHER EXPENSES SUB TOTAL:</b>		
22	<b>NET FUNDS GENERATED: NET FUNDRAISING (#17) - OTHER EXP (#21)</b>		
<b>GROUP C: CASH FLOW</b>			
23	Gifted to Hospital, MPS or Health Facility from wish lists		
<i>NB: This figure MUST agree with that shown on Page 2 "Gifts to Health Care Facility".</i>			
24	<b>NET CASH IN / (OUT): NET FUNDS GENERATED (#22) - GIFTED (#23)</b>		
<b>GROUP D: BANK ACCOUNTS</b>			
25	<b>OPENING CASH AT BANK AT START OF YEAR</b>		
<i>(please note: include all Investment Accounts) THIS FIGURE MUST AGREE WITH CLOSING BALANCE IN COL B</i>			
24	Plus: NET CASH IN / (OUT) (#24)		
26	Less: Unpresented Cheques		
27	<b>CLOSING CASH AT BANK AS AT 30th JUNE</b>		
<i>(include all Investment Accounts)</i>			

LIST OF ONGOING BRANCH INVESTMENTS			
	<i>(Please include these amounts in your Closing Cash at Bank 30 June)</i>	<i>Account Type</i>	<i>Value \$</i>
28			

**BRANCH STATEMENT:** The above statement of financial performance is a true and fair view of all income and expenditure of the ..... Branch as at 30 June, 202

Name: ..... Position: ..... Date: .....

**\*\* THE "AUDITED" FORM IS TO BE RETURNED TO HEAD OFFICE BEFORE 30th SEPTEMBER**



**UNITED HOSPITAL AUXILIARIES OF NSW INC.**

**EMAIL TO: [admin@uhansw.com.au](mailto:admin@uhansw.com.au)**

**UHA OF NSW INC., PO BOX 169, NORTH RYDE NSW 2113**

**1A - STATEMENT OF RECEIPTS AND PAYMENTS  
FOR YEAR ENDING 30th JUNE \_\_\_\_\_**

**AUDITED REPORT TO BE RETURNED TO HEAD OFFICE BY 30th SEPTEMBER**

**AUDITOR'S STATEMENT**

**I/We have audited the books and accounts of Auxiliary Branch: \_\_\_\_\_  
and certify the Statement of Receipts and Payments is correct.**

**NAME OF AUDITOR:**

**SIGNATURE OF AUDITOR & QUALIFICATIONS:**

**DATE OF AUDIT:**

**AUDITING REQUIREMENTS as per UHA of NSW BY-LAWS PART 3 CLAUSES 8 a.b.c.**

- 8a.** The Financial Year shall end at 30th June. Copies of the audited Financial Statement shall be forwarded to the Health Service, United Hospital Auxiliaries office, Regional Representative and one copy retained for Auxiliary Records.
- 8b.** Books shall not be audited by a member of the Auxiliary.
- 8c.**
- \* It is necessary that an Auditor, who is auditing an Auxiliary with profit under \$20,000, be a person with experience and expertise in the field of commercial and government finance and a person with sound accounting knowledge and experience;
  - \* Profit \$20,000 and less than \$100,000 - Auditor must be a member of the Association of Taxation and Management Accountants, member of the National Institute of Accountants, person who holds a degree, diploma or certificate in account from a recognised institution;
  - \* Profit of \$100,000 or more - Auditor must be a member of either the Institute of Chartered Accountants in Australia or CPA Australia;

**UNITED HOSPITAL AUXILIARIES OF NSW INC.**

**2 - GIFTS TO HEALTH CARE FACILITY**                      **Year ending:** 30th June,

*This information must be returned to Head Office within 14 days of your AGM*

**Branch Name** \_\_\_\_\_

**UHA Region (eg Hunter)** \_\_\_\_\_

**Name of Hospital or Health Facility** \_\_\_\_\_

BRANCHES MUST NOT PAY FREIGHT OR GST ON GIFTED ITEMS

	ITEMS PURCHASED	VALUE (Excl. GST)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

**TOTAL VALUE OF GIFTED ITEMS FOR THE YEAR**

*This figure MUST agree with the amount shown for "Gifted" items  
(refer item No. 23 column A) on the Statement of Receipts & Payments*

Name: ..... Position: ..... Date: ...../...../.....

**\*\* THIS FORM IS TO BE EMAILED within 14 days of your AGM**  
**Email: [admin@uhansw.com.au](mailto:admin@uhansw.com.au)**  
**OR MAIL TO: UHA OF NSW INC. PO BOX 169, NORTH RYDE NSW 2113**

**UNITED HOSPITAL AUXILIARIES OF NSW INC.  
3 - EXECUTIVE BRANCH DETAILS FOR NEW FINANCIAL YEAR**

*This information must be **emailed** to Head Office within 14 days of your AGM*

Branch Name \_\_\_\_\_  
 UHA Region (eg Hunter) \_\_\_\_\_  
 Name of Hospital or Health Facility \_\_\_\_\_  
 Type of Facility \_\_\_\_\_

NEW OFFICE BEARER DETAILS - Elected at your recent AGM			
	Auxiliary Secretary	Auxiliary President	Auxiliary Treasurer
NAME			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
AUXILIARY POSTAL ADDRESS IF DIFFERENT FROM SECRETARY'S ADDRESS:			
PHONE NUMBER			
EMAIL ADDRESS			

MEMBERSHIP AND BRANCH INFORMATION	
1	How many meetings are held annually by your Branch?
2	No.of members who attended a Regional Conference or Zone Forum
3	Number of members who attended the State Conference last October
4	Total number of Branch members (paid annual fee)
5	Number of Beds at your Health Facility/Hospital
6	Information for UHA Website: Meeting Days, Venue etc.
	Meeting Days & Time:
	Venue Address for Meetings

Prepared by:	
Name:	
Position:	
Date:	

**\*\* THIS FORM IS TO BE **EMAILED** within 14 days of your AGM**  
**Email: [admin@uhansw.com.au](mailto:admin@uhansw.com.au)**  
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**UNITED HOSPITAL AUXILIARIES OF NSW INC.**

**4 - VOLUNTEER HOURS WORKED PER BRANCH**

Year ending: 30th June,

*Please note the information provided on this form is required by the Ministry of Health for data purposes and must be completed*

Branch Name \_\_\_\_\_

UHA Region (eg Hunter) \_\_\_\_\_

Details	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	TOTAL
<b>UHA</b>													
<i>Executive hours cover all hours spent in fulfilling those positions as specified in the UHA Policy &amp; Procedures Manual NB: Meetings and conference details should include travel time to/from for members. Please ensure all attending members are included.</i>													
1 Meetings													
2 Conferences													
3 Executive hours													
<b>Fund Raising</b>													
<i>Fund Raising includes all those hours which are needed to organise and prepare for fund raising activities as well as the hours spent at the actual activity. NB: Within the Fund raising area if a main source of your hours does not fit a particular description given please use the "other activities line"</i>													
4 Kiosk/Coffee/Gift Shop													
5 Trolley													
6 Street Stalls													
7 Raffles													
9 Functions/Fetes/Events													
10 Craft/Baking etc													
11 Other Activities													
<b>Patient Care</b>													
12 Visiting/Feeding													
13 Shopping/Transport/Escort													
14 Patient Feeding													
15 Escort Assistance													
16 Working in Hospital etc.													
<b>TOTAL HOURS</b>													

*(Please ensure you total each column)*

The information on this form is correct as at the time of completion

Name: .....

Position: .....

Date: ...../...../.....

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## UNITED HOSPITAL AUXILIARIES OF NSW INC.

### FINANCIAL YEAR RETURNS BRANCH CHECKLIST

*This form is for your Branch use only - to help ensure all documents are received at Head Office by the due date.*

*Pages 1, 2, 3 and 4 should be sent together by Branch Secretary.*

Item	Responsibility to prepare	Cut off Date	Completed and sent to Head Office (date)
<b>PAGE 1</b> <b><u>UNAUDITED COPY</u></b> Statement of Receipts & Payments for Year Ending 30 June	Branch Treasurer	<b>Within 14 days of your AGM <u>but no later than 1st September</u></b>  <b>(Please notify Head Office if delayed, including reason)</b>	
<b>PAGE 2</b> Gifts to Health Care Facility for Year Ending 30 June	Branch Treasurer		
<b>PAGE 3</b> Office Bearers Details, incl Membership & Branch Information	Branch Secretary		
<b>PAGE 4</b> Hours Worked by all Branch and Executive Members	Branch Secretary		
<b>PAGE 1 / 1A</b> <b><u>AUDITED COPY</u></b> Statement of Receipts & Payments for Year Ending 30 June	Branch Treasurer	<b>No later than <u>30th September</u></b>  <b>(Please notify Head Office if delayed, including reason)</b>	

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