Receipts for the month: _____

Date	Details/Business Purpose	#*	Amount
		Total	

#	Expense Category	Total This	Total to last	Total to
1	Auto Gas & oil			
2	Auto Service (inc. tires/lube)			
3	Auto Tolls/Parking			
4	Taxi			
5	Plane/Train/Bus Fares			
6	Laundry/Dry Cleaning			
7	Postage/Office			
8	Telephone calls			
9	Hotel/Motel			
10	Auto Rental			
11	Business Miles**			
12	Meals			
13	Entertainment			
14	Tips			
15				
16				
17				
18				
	Totals			

* In this column, enter the expense category number from the list below **Use if calculating on a cost-per-mile basis

cut to remove

cut to remove