



### Business Income and Expenses INSPIRE Report

#### Client Information

Name:	Name of Business:
Address:	Tel./Email:
Report for the Month: From: ___/___/___ To: ___/___/___ (dd/mm/yy)	

#### Gross Monthly Income

Sales		
<b>Add:</b> Other Business Income - (Specify)		
<b>Gross Income =</b>		

#### Business Expenses/Allowable Deductions (The following eligible expenses may be deducted from gross business income.)

Cost of Good Sold/Services Provided		
Accounting, Legal, Consulting		
Licenses, Fees		
Office Expenses (postage, stationary, etc.)		
Telephone		
Delivery, Courier, Freight		
Bank Charges		
Advertising (business cards, directories, business cards, etc.)		
Supplies		
Home Based Business (Claim \$50 for utilities, insurance, repair, taxes, etc.)		
Business Facility Costs (Lease, utilities, insurance, taxes, maintenance, etc.)		
Employee wages & benefits		
Vehicle Expenses* (Personally Owned: Claim ___ kms x 30¢ = \$___) *Travel Log Required.		
Business Vehicle & Equipment (Insurance, rental, repair, operating, etc.)		
<b>Approved</b> Reinvestment, Business Loan repayments		
Other - (Specify)		
Assets: Approval Required - Contact Metro Business Opportunities for necessary form.		
<b>Total Expenses =</b>		
income - Total Expenses) <b>Net Income =</b>		

#### Time Sheet (Please record the number of hours worked per week.)

Week 1: ___/___/___	Total Hours = _____	Week 4: ___/___/___	Total Hours = _____
Week 2: ___/___/___	Total Hours = _____	Week 5: ___/___/___	Total Hours = _____
Week 3: ___/___/___	Total Hours = _____		

#### Confirmation

I certify that the information given here is accurate and complete, to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_ (dd/mm/yy)

<b>Please return the completed form to:</b> <b>DPU</b> <b>Box 8790</b> <b>St. John's, NL A1B 5E4 Fax: 709-729-2641</b>	Note: You must complete two copies of this report, keeping one copy for your records (along with all your sales receipts, invoices, deposit slips, etc.) and sending one copy to the DPU. These records must be made available upon request to verify reported
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If you have any questions regarding this Form, please contact:  
**Metro Business Opportunities at 1-866-738-1626 or contact@mboc.ca**





**INSPIRE** (Inspiring and Supporting Provincial Income Recipient Entrepreneurs)



# Travel Expense Report

Name \_\_\_\_\_

Per Mile Reimbursement

Date Submitted     /     /     (dd/mm/yy)

Total Reimbursement Due

Date	Description	KMs	Rate	Subtotal	Other	Total
/ /			\$0.30			
/ /			\$0.30			
/ /			\$0.30			
/ /			\$0.30			
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/ /			\$0.30			

**Note: The Travel Log must be kept confirming the distance travelled for business purposes. You can't claim the cost of driving your car between work and home.**

**Confirmation**

I certify that the information given here is accurate and complete, to the best of my knowledge.

Signature \_\_\_\_\_

Date:     /     /     (dd/mm/yy)

Please return the completed form to:

**DPU**  
**Box 8790**  
**St. John's, NL A1B 5E4 Fax: 709-729-2641**

Note: You must complete two copies of this report, keeping one copy for your records (along with all your sales receipts, invoices, deposit slips, etc.) and sending one copy to the DPU. These records must be made available upon request to verify reported

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