

EMPLOYMENT EXPENSE WORKSHEET

If you are required by your employer to pay for your own expenses, please provide a copy of your T2200 – Declaration of Conditions of Employment signed by your employer.

Name (First Name, Last Name): _____

Business Name: _____

EXPENSES

Meals and Entertainment	
Travel Expenses	
Lodging	
Other (Specify):	
Parking	
Office Supplies	
Cellphone	
Other Expenses (Specify):	

BUSINESS USE OF MOTOR VEHICLE

Make and year of vehicle: _____

Is the vehicle purchased during the year? Yes No

If "yes", please provide the following:

- Date the vehicle was purchased (mm/dd/yyyy): _____
- Cost before taxes: _____

KM Driven for Business/Employment	
Total KM Driven in the Year	

MOTOR VEHICLE EXPENSES

Fuel	
Insurance	
License and Registration Fees	
Maintenance and Repairs	
If financed: Interest Paid	
If Leased: Lease Charges	
Other Expenses:	
Toll	



4609 Kings way
 Burnaby BC V5H 4L3
 Phone/Fax : (604) 433-7050
 Website: <http://www.mecklaicpa.ca>

Car Washes	
Parking	

HOME OFFICE

Area for Business Use Only (Sq. Ft.)	
Total House Area (Sq. Ft.)	

Heat	
Electricity	
Insurance	
Maintenance and Repairs	
Mortgage Interest	
Property Taxes	
Other Expenses:	
Rent	
Cable and Internet	

Signature: _____

Date: _____