# Vehicle & Travel Expenses

P.O Box 201
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Phone: 443.83.1735
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Name: _____ Tax Year_____

| Vehicle Expenses | |
|---|---|
| Description of Auto | |
| Date Purchased | |
| Purchase Price (Incl Tax) | |
| Date Placed in Bus Use | |
| Odometer- beginning of | |
| Odometer- end of year | |
| Total miles this year | |
| Business Miles | |
| Commuting Miles | |
| Daily Avg R/T commute | |
| Personal Miles | |
| Is car leased? | |
| Is car owned? | |
| Depreciated in prior yrs? | |
| Gas | |
| Oil | |
| Lube | |
| Repairs & Maintenance | |
| Tires | |
| Towing | |
| Insurance | |
| Auto License /Tags | |
| Personal Property Tax | |
| Lease payments | |
| Auto Club | |
| Interest (Auto Loan) | |
| Warranty | |
| Inspection | |
| Parking | |
| Tolls | |
| Car Washes | |
| Other: | |
| Other: | |
| Other: | |
| Other: | |

| Travel Expenses | |
|---|---|
| Air Fare | |
| Train Fare | |
| Car Rental | |
| Insurance | |
| Gas | |
| Taxis, bus, shuttles | |
| Lodging | |
| Meals (while on travel) | |
| Entertainment (while on travel) | |
| Tips | |
| Telephone | |
| Faxes | |
| Dry cleaning | |
| # of Days on Travel | |
| Other: | |
| Other: | |
| Other: | |
| Other: | |
| Other: | |
| Other: | |
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|---|---|
| **Total: Vehicle Expense** | |

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|---|---|
| **Total: Travel Expenses** | |

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|---|---|
| **Total:** | |