



Government of Newfoundland and Labrador

## 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

Add: Other Business Income - (Specify)

**Gross Income =**

### 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.)

**Approved** Reinvestment, Business Loan repayments

Other - (Specify)

Assets: Approval Required - Contact Metro Business Opportunities for necessary form.

**Total Expenses =**

Income - Total Expenses) **Net Income =**

### 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)

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

If you have any questions regarding this Form, please contact:

**Metro Business Opportunities** at 1-866-738-1626 or contact@mboc.ca





Government of Newfoundland and Labrador

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



# Travel Expense Report

Name \_\_\_\_\_

*Per Mile Reimbursement* \$0.30

Date Submitted   /  /   (dd/mm/yy)

*Total Reimbursement Due* \$

**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

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**Signature**

**Date:**    /    /    (dd/mm/yy)

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