



OPERATING EXPENSE TRACKING

Case #

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to your local Employment and Assistance Office.

For the Month of <input style="width: 150px;" type="text"/>	[specify]	Year <input style="width: 40px;" type="text"/>
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DESCRIPTION OF OPERATING EXPENSE <small>(Must be incurred in the operation of the business and approved as part of the business plan)</small>	AMOUNT	APPROVED
1. Purchase of supplies and products		<input type="checkbox"/>
2. Accounting and legal services		<input type="checkbox"/>
3. Advertising		<input type="checkbox"/>
4. Taxes, fees, licenses and dues incurred in the small business		<input type="checkbox"/>
5. Business Insurance		<input type="checkbox"/>
6. Interest and bank charges		<input type="checkbox"/>
7. Maintenance and repairs to equipment		<input type="checkbox"/>
8. Gross wages paid to employees of the small business, but NOT including wages to: - The person participating or -----> - A member of the family of the person participating ----->	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Motor vehicle expenses		<input type="checkbox"/>
10. Premiums for Employment Insurance or Workers' Compensation benefits		<input type="checkbox"/>
11. Employer contributions for Employment Insurance, Workers' Compensation or the Canada Pension Plan		<input type="checkbox"/>
12. Rent and utilities, Excluding rent and utilities for the residence of the persons described in "#8" UNLESS: - There is an increase for rent or utilities and the increase is attributable to the small business, and - The increase is not provided for in the calculation of the family's shelter allowance ----->	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> <input type="checkbox"/>
13. Office Expenses		<input type="checkbox"/>
14. Equipment purchases or rentals		<input type="checkbox"/>
TOTAL Operating Expenses (B)		<input type="checkbox"/>

Signature of Client	Please Print	Date (YYYY MMM DD)
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Signature of Contracted Service Provider	Please Print	Date (YYYY MMM DD)
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Instructions: All money spent to operate the business must be recorded.
Attach copies of all receipts.