

**OPPORTUNITIES FOR OHIOANS WITH DISABILITIES**

Business Enterprise Program

**Monthly Vehicle Expense Report**

(Must be used and attached to MOR when using Expense Code R.)

Facility # \_\_\_\_\_ Operator \_\_\_\_\_ Month/Year \_\_\_\_ / \_\_\_\_

This month's ending mileage: \_\_\_\_\_

**Minus —** beginning mileage: \_\_\_\_\_

(A) Total mileage for month: \_\_\_\_\_

Actual total business miles divided by  
total miles = % of business use: \_\_\_\_\_ %

**Method 1**

General Expenses:

Gas: \$ \_\_\_\_\_ (Total from back of page)

Maintenance: \$ \_\_\_\_\_ (Total from back of page)

Insurance: \$ \_\_\_\_\_

Vehicle payment: \$ \_\_\_\_\_

**Equals =**

**General Expenses** \$ \_\_\_\_\_

**Times X** Business Use Percentage \_\_\_\_\_ %

Total deductible expense \$ \_\_\_\_\_

**Plus +** Parking / tolls = \$ \_\_\_\_\_

**Equals =**

**Total Vehicle Expense Reported =** \$ \_\_\_\_\_

**Method 2**

Actual business miles X current IRS rate \_\_\_\_\_ = \_\_\_\_\_

I, \_\_\_\_\_, hereby certify to the best of my knowledge, the above data to be true and accurate.

## Vehicle Expense Report

### Gas Purchases:

Date	Amount	Date	Amount	Date	Amount
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
<b>Total Gas Purchased:</b>					\$

### Maintenance and Repair / Other:

Date	Description	Amount
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>Total Maintenance &amp; Repair</b>		\$