



Abacus CPAs, LLC
 Better Guidance. Smarter Decisions.

DRIVER CASH EXPENSE RECORD

Name: _____

Dates Included: _____

Driver Code: _____

**We will not accept any unsigned or undated forms*

Truck# _____

please sign and date below before submitting.

<u>Days Away From Home</u> (Per Diem)	<u>Lumpers</u> (Required if Reefer)	<u>Cash Tolls/ Parking Fees</u>	<u>Scales</u> (Required)	<u>Operating/ Equipment Supplies</u>	<u>Safety/ Weather Gear</u>
_____ Days Away from Home for this time period.					
Total:	Total:	Total:	Total:	Total:	Total:
<u>Cash Fuel</u>	<u>Oil/Additives</u>	<u>Truck/Trailer Wash</u> (If not given a PO#)	<u>Repairs</u> (If not on settlements)	<u>Communication</u> (Cell phone, Internet, Radio)	<u>Advertising</u>
Total:	Total:	Total:	Total:	Total:	Total:
<u>Office Supplies</u>	<u>Lodging</u>	<u>Cash Laundry/Showers</u>	<u>Bank/ATM Fees</u>	<u>Miscellaneous Expenses</u> (Not including food and/or personal hygiene items.)	
				<u>Item Description:</u>	<u>Amount</u>
Total:	Total:	Total:	Total:	<u>Total:</u>	

List ONLY ordinary/necessary business expenses NOT included/already submitted through your settlements. Our Preference is that you send this form to us once a month via Email: exprec@abacuscpas.com , Fax: 417-823-0744. Please call if you have any questions phone number 417-380-5000.

I have in my possession all the necessary documents to prove the expenses listed or summarized on this cash expense form and verify that said expenses are true and correct. In addition, all expenditures listed meet the definition of a business deduction as defined by the IRS.

SIGNATURE: _____ DATE _____