Detailed Expense Form

For the time period (MM/DD/YY): _____

Date (MM/DD/YY)	Vendor	Expense Category	Description	Amount Before HST	HST	Total	Paid By
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
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						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
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						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	
						$ 0.00	

For further assistance, contact **HSBA Tax Services** | 100 Maritime Ontario Blvd,Unit 77, Brampton ON, L6S 0E7
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