

CONSULTANT BUSINESS EXPENSE FORM

Month: _____ 19____

Type of Expense	Week 1	Week 2	Week 3	Week 4	Week 5	Monthly Total
Cost of Section 1 Product Purchases Not Including Sales Tax						
Non-Recovered Sales Tax						
Product Withdrawn for Personal Use Not Including Sales Tax						
Refunds on Returns from Customers						
Advertising/Direct Support Names						
Bad Debt						
Automobile*: Gasoline/Oil/Lubrication						
Repairs & Maintenance						
Tires/Supplies/Etc.						
Auto Insurance						
Tags/Licenses/Other Taxes						
Parking Fees & Tolls						
Interest on Auto Loan						
Dovetail Commissions Paid to Other Consultants						
Insurance (Other than Health & Auto)						
Other Interest (Business Loan)						
Legal or Accounting Fees						
Office Supplies/Postage						
Rent on Business Equipment/Property						
Repairs & Maintenance (Business Equipment)						
Supplies: Direct Support Premiums						
Hostess Gifts (not Section 1 product)						
Other Supplies & Section 2 Items						
Consultant Showcase						
Business Taxes & Licenses						
Travel: Public Transportation/Lodging/Laundry						
Workshop/Seminar Registration Fees						
Meals/Tips/Entertainment						
Utilities (Long-Distance Telephone & Separate Phone Line Charge)						
Child Care						
Bank Service Charges						
Credit Card Processing Fees						
Dues & Publications						
Freight (UPS)						
Other:						

*For Automobile Expenses, you may either itemize your expenses or list your total miles driven.

CONSULTANT BUSINESS INCOME FORM

Month: _____ 19____

Source of Income	Week 1	Week 2	Week 3	Week 4	Week 5	Monthly Total
Skin Care Class and Facial Sales						
Reorder Sales						
Miscellaneous Sales						
Dovetail Income						
Personal Team Commissions						
Other						
Total Income						

Other items to store in Business Income Envelope:

- Sales Tickets
- Deposit Slips and Bank Statements
- Commission Statements
- Weekly Accomplishment Sheets

