

**MONTHLY EXPENSES FOR:
DATE:**

1.	Rent Payment	\$	9.	Child Care	
	Mortgage	\$	a.	Babysitter	\$
	Real Estate Taxes	\$	b.	Allowance	\$
	Real Estate Ins.	\$	c.	Clubs	\$
	TOTAL	\$	d.	Summer Camp	\$
				TOTAL	\$
2.	Maintenance (residence)		10.	School	
a.	repairs	\$	a.	Activities	\$
b.	lawn & snow	\$	b.	Supplies	\$
	removal			TOTAL	\$
	TOTAL	\$			
3.	Food & Household Supplies		11.	Entertainment	\$
a.	Food at home	\$		TOTAL	\$
b.	Food eaten out	\$	12.	Incidentals	
c.	School lunches	\$	a.	Miscellaneous	\$
d.	Household supp.	\$	b.	Cosmetics	\$
	TOTAL	\$	c.	Hair Care	\$
4.	Utilities & Telephone		d.	Subscriptions	\$
a.	Telephone	\$	e.	Organizations	\$
b.	Heat/Gas	\$	f.	Pets	\$
c.	Electric	\$	g.	Charity	\$
d.	Water	\$	h.	Gifts	\$
e.	Garbage	\$	i.	TV/Appliance	\$
f.	Sewer	\$		Repair	
g.	Cable TV	\$	j.	Vacation	\$
h.	Soft Water	\$		TOTAL	\$
	TOTAL	\$			
5.	Laundry & Cleaning		13.	Auto Expenses	
a.	Laundry	\$	a.	Car Payment	\$
b.	Dry cleaning	\$	b.	Insurance	\$
	TOTAL	\$	c.	Gas & Oil	\$
6.	Clothing/Shoes		d.	Repair	\$
a.	Client	\$	e.	License	\$
b.	Children	\$	f.	Car Wash	\$
	TOTAL	\$	g.	Parking	\$
7.	Medical & Dental		h.	Auto Club	\$
a.	Doctor	\$	i.	Public trans-	
b.	Optometrist	\$		portation	\$
c.	Drugs	\$		TOTAL	\$
d.	Dental	\$	14.	Mandatory Pension	
e.	Orthodontist	\$		Contribution	
f.	Counseling	\$		TOTAL	\$
	TOTAL	\$	15.	Installment Payment	\$
8.	Insurance			TOTAL	\$
a.	Life	\$	16.	Visitation/Support Exp.	
b.	Health	\$	a.	Airfare/other	\$
c.	Accident	\$	b.	Lawyer	\$
d.	Disability	\$	c.	Support.Maint.	\$
	TOTAL	\$		TOTAL	\$

TOTAL MONTHLY EXPENSES: \$