

Phones (home/cell)		
Cable/Internet		
Other		
Health Care		
Insurance premium(s)		
Co-Pays		
Prescriptions		
Over the Counter Medications		
Other		
Food		
Groceries		
Household Supplies		
Eating Out/Take Out		
Transportation		
Gas or Bus Pass(es)		
Auto Insurance		
Maintenance/Repairs		
Auto Loan Payments		
Other		
Miscellaneous		
Child Support (that you pay)		
Credit Card Payments		
Loan Payments		
Work Clothes/Uniform/Tools		
Laundry		
School Supplies/Fees		
Entertainment (<i>e.g., movies, sports, music, etc.</i>)		
Gifts		
Other		

TOTAL EXPENSES: \$ _____/month