

Monthly Expenses	Due Date	Usual Amount	Weekly Budget Allowance (Year: _____)				
			Week 1	Week 2	Week 3	Week 4	Week 5
Rent							
Phone							
Electric/Water/Garbage							
Cable							
Medications							
Food/Groceries							
House/Cleaning Items		Included with Groceries					
Bathroom Items							
Grooming Items							
Clothes/Laundry							
Transport Costs							
Newspaper							
Hobby/Leisure/ Entertainment							
Insurance							
Medical/Dental							
Credit Cards							
TOTAL Bills							