

**Family Expenses for Week \_\_\_\_\_ to \_\_\_\_\_**

Expenses	Month/Day Expenses							Total
	/	/	/	/	/	/	/	
Housing								
Utilities								
Installment								
Insurance								
Food								
Clothing								
Household								
Medical								
Education								
Transportation								
Recreation								
Personal								
Contributions								
Savings \$								

**Total Expenses:** \_\_\_\_\_

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