

OUTGOINGS	WEEKLY	MONTHLY
RENT		
FOOD		
TRAVEL		
CLOTHES		
TV LICENCE		
COUNCIL TAX		
WATER RATES		
ELECTRIC		
GAS		
LAUNDRY		
CLEANING		
TOILETRIES		
DRINK		
CIGARETTES		
PRESENTS		
GOING OUT		
CREDIT/HP		
OTHER		
.....		
.....		
TOTAL		

INCOME	WEEKLY	MONTHLY
WAGE/SALARY		
BENEFITS		
HOUSING BENEFIT		
OTHER		
TOTAL		

TOTAL	WEEKLY	MONTHLY
INCOME		
OUTGOINGS		
WHAT'S LEFT		

NOTES
