11.) Medical/Dental

Doctor: $_____

Dentist: $_____

Prescriptions: $_____

Other: $_____

Total: **$**_____

12.) Miscellaneous

Toiletries/Cosmetics: $_____

Beauty/Barber: $_____

Laundry/Cleaners: $_____

Subscriptions: $_____

Gifts/Holidays: $_____

Total: **$**_____

13.) Investments: **$**_____

14.) School/Child Care

Tuition: $_____

Books/Materials: $_____

Transportation: $_____

Day Care: $_____

Other: $_____

Total **$**_____

Total from 1st page **$**_____

Total Living Expenses **$**_____

HOW THE MONTH TURNS OUT

Net Spendable Income: **$**_____

(Minus)
Total Living Expenses: **$**_____

(Equals)
Surplus or Deficit: **$**_____

FOR OFFICIAL USE

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