



# Your Spending Record

Month \_\_\_\_\_ Total \_\_\_\_\_

Fixed Expenses								Flexible Expenses										
Date Check no.	Housing	Utilities	Insurance	Debt payments	Taxes, licenses	Savings, investments	Other	Food, beverages	Clothing	Household operations, furnishings	Transportation	Medical	Personal	Education	Recreation, entertainment	Gifts, contributions	Other	Other
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**Monthly Total**