CASH PAID OUT

January, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 1.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

February, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 2.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

March, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 3.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

April, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 4.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

May, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 5.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

June, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 6.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

July, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 7.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

August, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 8.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

September, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 9.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

October, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 10.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

November, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 11.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

CASH PAID OUT

December, 20 _____

Note: When in doubt as to the correct column in which an item should be entered, refer to page 17.

Date	Goods and Services Purchased	1 Food		2 Clothing		3 Furnishings & Equipment		4 Housekeeping Expenses		5 Housing		6 Personal Care	
		$		$		$		$		$		$	
TOTAL – Add column and transfer totals to Page 43, Line 12.													

CASH PAID OUT

7 Child Care		8 Education		9 Recreation		10 Medical Care		11 Gifts and Contributions		12 Transportation		13 Savings, Inv. and Insurance		14 Taxes		15 Miscellaneous	
$		$		$		$		$		$		$		$		$	

NOTES