Expense area	Amount	Period	Weekly cost
HOUSEHOLD			
Rent/Mortgage	\$		\$
Water	\$	•••••	\$
Council Rates	\$		\$
Telephone	\$		\$
Electricity	\$		\$
Gas	\$		\$
Insurance	\$		\$
Furniture	\$		\$
Appliances	\$		\$
Other	\$		\$
TOTAL			\$
FOOD & GROCERIES			
Weekly Shop	\$		\$
Milk	\$		\$
Bread	\$		\$
Meat	\$		\$
Take-away	\$		\$
Eating out	\$		\$
Other	\$		\$
TOTAL			\$
HEALTH			
Medical Expenses	\$		\$
Medication	\$	•••••	\$
Toiletries	\$		\$
Dentist	\$		\$
Optometrist	\$		\$
Medical insurance	\$		\$
Other	\$		\$
TOTAL			\$