

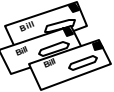













FINANCIAL *Wellness*

Expenses for Week _____ to _____

														
DATE	Housing & Utilities	Phone	Consumer Credit	Child Care	Food	Clothing	Household Costs	Medical & Insurance	Education	Transportation	Entertainment	Personal	Contributions & Gifts	Savings
Mon.														
Tues.														
Wed.														
Thurs.														
Fri.														
Sat.														
Sun.														
TOTAL														

