

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

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

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		2		3		4		5		6	
		Food		Clothing		Furnishings & Equipment		Housekeeping Expenses		Housing		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

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

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

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

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

NOTES
