

WEEKLY EXPENDITURE

This information is requested to account for your expenditure.

ITEM	TOTAL	FOR YOU	FOR CHILDREN (IF APPLICABLE)	OTHER ADULTS (IF APPLICABLE)
Food		\$	\$	\$
Household supplies		\$	\$	\$
House repairs		\$	\$	\$
Gas		\$	\$	\$
Electricity		\$	\$	\$
Heating fuel		\$	\$	\$
Telephone		\$	\$	\$
Motor vehicle				
- petrol		\$	\$	\$
- maintenance		\$	\$	\$
Fares/car parking		\$	\$	\$
Clothing and shoes		\$	\$	\$
Children's activities		\$	\$	\$
Child minding		\$	\$	\$
Medical, dental and optical (not including health insurance premiums)		\$	\$	\$
Entertainment/hobbies		\$	\$	\$
Holidays		\$	\$	\$
Education expenses, including fees and levies		\$	\$	\$
Chemist/pharmaceutical		\$	\$	\$
Gardening/lawn mowing		\$	\$	\$
Cleaning (house/pool)		\$	\$	\$
Repairs - furnishings and appliances		\$	\$	\$
Dry cleaning		\$	\$	\$
Books and magazines		\$	\$	\$
Gifts		\$	\$	\$
Hairdressing, toiletries		\$	\$	\$
Other necessary commitments (specify)		\$	\$	\$
TOTAL				