

NAME: _____

MONTH: _____

MONTHLY INCOME & EXPENSE REPORT

INCOME (after deductions)
for this month:

FAMILY PLAN		FAMILY ACTUAL		DIFFERENCE	
Me	\$ _____	Me	\$ _____	Me	\$ _____
Spouse	\$ _____	Spouse	\$ _____	Spouse	\$ _____
Other	\$ _____	Other	\$ _____	Other	\$ _____
	\$ _____		\$ _____		\$ _____

Total Income:

EXPENSES:	PLANNED	ACTUAL	DIFFERENCE
Rent or mortgage (+ property tax)			
Hydro			
Heating			
Phone			
Cell Phone			
TV			
Internet			
Groceries			
Household Items			
Laundry			
Public Transportation			
Car Payments			
Car Gas & Repairs			
Car Insurance			
Home Insurance			
Life & Health Insurance			
Gifts			
Clothing			
Savings			
Entertainment & Sports			
Cigarettes			
Alcohol			
Pets			
*Special Medical			
*Support Payments			
*Spouse Debt Payments			
*Work Expenses			
*Student Loans			
*Daycare			
Trustee Payment			
TOTAL EXPENSE	PLANNED	ACTUAL	DIFFERENCE
Income minus Expenses (Over or Short)			

*Attach copies of receipts.

Signature: _____

If you have filed for Bankruptcy, you must submit this completed report each month to Fuller Landau by fax, at 416-927-7727 or by email at scunningham@fullerdebt.com.