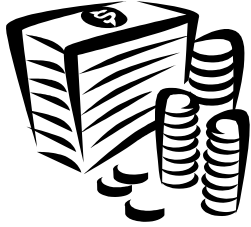




Monthly Payment Schedule



Monthly Payment Schedule for the Month of _____

Bills	Date Due	Amount Due	Paid <input checked="" type="checkbox"/>
Savings			
Rent/Mortgage			
Electricity			
Gas			
Water			
Telephone			
Cable			
Child Support/Alimony			
Child Care/Tuition			
Health Care			
Car Payment			
Car Insurance			
Food/Groceries			
Credit Cards			
Other Loans			
Other			
Other			
Other			
Other			