

MONTHLY EXPENSE REPORT

You Must submit this form at your SECOND Counselling Session
In order to qualify for an Automatic Discharge

Name: _____
 For the Months of : _____ to _____

MONTH:	1)	2)	3)	4)	5)	6)	Total
INCOME							
Total Net Earnings from all Sources							
EXPENSES							
Rent/Mortgage							
House Insurance							
Car Insurance							
Medical/Dental							
Food/Groceries							
Clothing							
Heating							
Power							
Telephone							
Water/Sewer							
Auto (Gas/Repairs)							
Transportation							
Personal (Cigarettes etc)							
Entertainment							
Trustee Fees & Excess Income							
Loans/Payments							
TOTAL EXPENSES							
SAVINGS							