

Budgeting Sheet Plan

DATE:	NAME:		
Outgoings	Amount Owed Currently	<small>Amount to be paid</small> Weekly	<small>Amount to be paid</small> Fortnightly
Rent			
Council Tax			
Food			
Clothes			
Gas			
Electric			
Water (fresh)			
Water (waste)			
Mobile Phone Top-Up			
TV Licence			

Others: (e.g. social fund, credit cards, overdraft)

TOTALS:			

In-Coming <small>(e.g. JSA/Income Support, wages, tax credits)</small>	Weekly	Fortnightly
TOTALS:		