

NET MONTHLY INCOME



		Due Date:	Amount Due:	Paid Amount:	Balance Owed:
TITHES & OFFERING					
HOUSEHOLD					
	Mortgage(rent)				
	Repairs				
	Groceries				
	Lunch				
UTILITIES (6%-20%)					
	Electric Bill				
	Gas Bill				
	Phone(Home & Cell				
	Internet & Cable				
	Water				
AUTOMOBILE					
	Car Note				
	Insurance				
	Gas				
	Maintenance				
HEALTH CARE					
	Premium				
	Prescription				
CREDIT CARDS					
	Visa				
	MasterCard				
	Other _____				
	Other _____				
SAVINGS					

TOTALS		Due:\$	Paid:\$	Owed:\$
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Remaining balance of net monthly
income (=Net Income – Total Paid)

\$
