

*Your Spending Schedule*

Expense Items	Amount Paid Monthly	Amount Paid Other Times	Total Annual Amount	% of Total
<b>House</b>				
Mortgage or Rent				
Property Tax				
Insurance				
Food				
Clothing				
<b>Utilities</b>				
BC Hydro				
Telephone				
Cellular Phone				
Internet				
Cable TV				
Gas				
<b>Transportation</b>				
Car loan/lease				
Car insurance				
Car Repair, etc.				
Gasoline				
Public Transit				
<b>Personal Insurance</b>				
Life Insurance				
Critical Illness Insurance				
Disability Insurance				
Travel Health Insurance				
<b>Entertainment/Recreation</b>				
Eating Out				
Movies and Events				
Vacation				
Music Lessons				
Club Membership				
Other Activities				
Miscellaneous Expenses				
<b>TOTAL EXPENSES</b>				<b>100%</b>